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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 95-21
FLEET - LEASED VEHICLE
LOCATION - [REDACTED] WISCONSIN
ACCIDENT DATE - [REDACTED] 1995

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
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[REDACTED] 1996

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Prepared for:

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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4. Title and Subtitle On-Site Air Bag Investigation Leased Vehicle Location - [REDACTED] Wisconsin				5. Report Date [REDACTED] 1996; [REDACTED] 1996	
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7. Author(s) [REDACTED]				8. Performing Organization Report No. TRC/IU 95-21, Task 0032	
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15. Supplementary Notes On-site air bag deployment investigation involving a 1996 Dodge Grand Caravan LE, extended Minivan, with manual belts and dual air bags					
16. Abstract <p>This report covers an on-site investigation of an air bag deployment crash that involved a 1996 Dodge Grand Caravan LE, extended Minivan, and a 1989 Mercury Sable LS, four-door sedan. This crash is of special interest because the right front passenger in the case vehicle, a seven week-old child seated in a rear facing, infant child seat, was critically injured by the deploying right front air bag. The Grand Caravan was traveling north-northeast in the northbound lane of a two-lane, undivided, State roadway. The Sable was traveling west in the westbound lane of an intersecting, two-lane, undivided, County roadway. The Grand Caravan (case vehicle) braked and swerved to its right, heading northeastward, just prior to impact, but the front of the case vehicle impacted the left rear half (just behind the "B"-pillar) of the Sable (vehicle #2) causing the case vehicle's driver side and right-front passenger side supplemental restraints (air bags) to deploy. The case vehicle continued northeastward after impact. Vehicle #2 had rotated approximately 90 degrees counterclockwise when the left rear of the case vehicle sideslapped the left front of vehicle #2. The case vehicle continued northeastward after the sideslap and came to rest on the east shoulder heading northeast. Vehicle #2 continued rotating counterclockwise, approximately an additional 180 degrees, after the sideslap impact and came to rest straddling the north-south lanes of the State roadway heading north. The case vehicle's driver (56 year-old female) was restrained by her available, active, three-point, lap and shoulder belt and sustained, according to her interview, minor cervical and thoracic strains. The right front passenger in the case vehicle (7 week-old male) was seated in a Fisher-Price, rear-facing, convertible, infant seat secured by his available, active, three-point, lap and shoulder belt and sustained, according to his medical records, skull and critical brain injuries which included: bilateral, nondisplaced, skull fractures of the parietal bones; bilateral subdural hematomas; a right occipital white matter shearing (diffuse axonal) injury; an intraventricular hemorrhage in the occipital horn of his right lateral ventricle; subarachnoid hemorrhages over the superior parietal lobes, bilaterally, and right frontal region; and a Concussion.</p>					
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 95-21

FLEET - LEASED VEHICLE
LOCATION - [REDACTED], WISCONSIN

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1996 Dodge Grand Caravan LE, extended Minivan and a 1989 Mercury Sable LS, four-door sedan, occurring on [REDACTED] 1995 at 7:45 a.m., near [REDACTED], Wisconsin on a State road. This crash is of special interest because the right front passenger in the case vehicle, a seven week-old child seated in a rear facing, infant child seat, was critically injured by the deploying right front air bag.

The Grand Caravan was traveling north-northeast in the northbound lane of a two-lane, undivided, State roadway when it impacted the Sable which was traveling west in the westbound lane of an intersecting, two-lane, undivided, County roadway. The Grand Caravan braked and swerved to its right, heading northeastward, just prior to impact and continued northeastward after impact coming to rest on the east shoulder heading northeast. The Sable rotated approximately 270 degrees counterclockwise after impact and came to rest straddling the north-south lanes of the State roadway heading north.

The front of the Grand Caravan impacted the left rear half (just behind the "B"-pillar) of the Sable. Subsequently, the left rear of the Grand Caravan sideslapped the left front of the Sable. The CDC for the Grand Caravan's frontal impact is unknown because the vehicle was under repair at the time of our inspection. The CDC for the Grand Caravan's sideslap impact is: 09-LBEW-1. CDCs for the Sable were determined to be: 10-LZEW-2 and 09-LFEE-1. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained for both vehicles; however, this contractor's visually estimated Delta V is between 20 k.p.h. (12 m.p.h.) and 27 k.p.h. (17 m.p.h.).

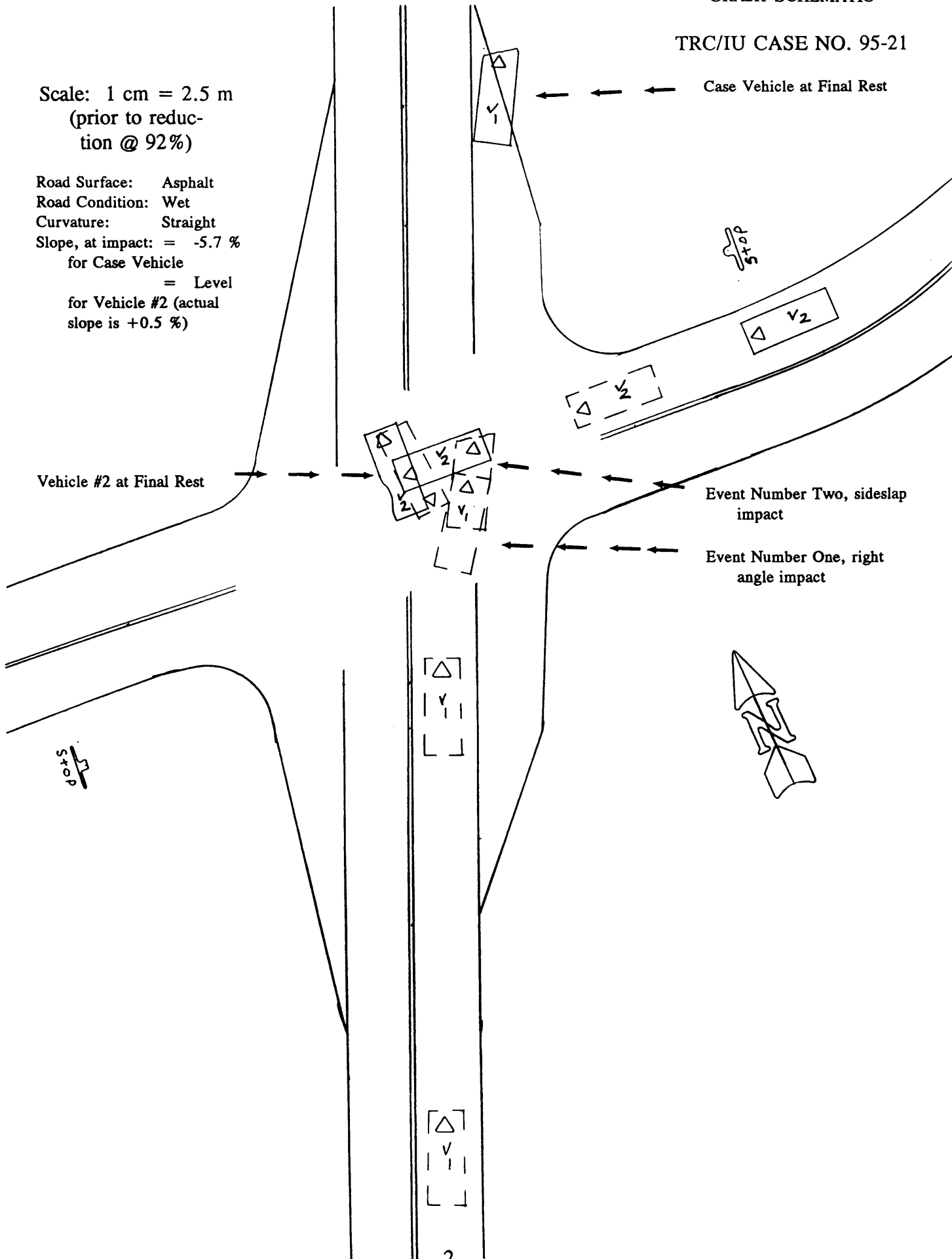
The 1996 Dodge Grand Caravan was equipped with both driver and right-front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (56 year-old female) was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to her interview, cervical and thoracic strains. The driver of the Grand Caravan was listed on the Police Accident Report as sustaining a "C" (possible) injury as a result of this crash. The right front passenger (7 week-old male) in the Grand Caravan was seated in a Fisher-Price, rear-facing, convertible, infant seat secured by his available, active, three-point, lap and shoulder belt. According to his medical records, he sustained: bilateral, nondisplaced, skull fractures of the parietal bones; bilateral subdural hematomas; a right occipital white matter shearing (diffuse axonal) injury; an intraventricular hemorrhage in the occipital horn of his right lateral ventricle; subarachnoid hemorrhages over the superior parietal lobes, bilaterally, and right frontal region; and a Concussion. He was listed on the Police Accident Report as sustaining a "C" (possible) injury. Both the driver (72 year-old male) and the right front passenger (45 year-old male) in the Sable sustained, according to their interviews, minor soft tissue injuries and were listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury as a result of this crash.

CRASH SCHEMATIC

TRC/IU CASE NO. 95-21

Scale: 1 cm = 2.5 m
(prior to reduction @ 92%)

Road Surface: Asphalt
Road Condition: Wet
Curvature: Straight
Slope, at impact: = -5.7 %
for Case Vehicle
= Level
for Vehicle #2 (actual
slope is +0.5 %)



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 95-21

FLEET - LEASED VEHICLE
LOCATION - [REDACTED] WISCONSIN

ACCIDENT DATA

Location/Street: State Highway
City/Township: [REDACTED] Wisconsin
Area/Type: Rural, undeveloped
Accident Date/Time: [REDACTED] 1995, @ 7:45 a.m.
Investigating Police Agency: [REDACTED] County Sheriff Department
Accident Type: Minivan / Car - obtuse angle
Occupant Injury Severity
(air bag vehicle): Bilateral subdural hematomas and a right occipital lobe diffuse axonal injury (AIS-5)

AMBIENT CONDITIONS

Light Conditions: Daylight
Weather Condition: Precipitating
Precipitation: Rain
Road Surface: Wet

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State highway	County road
Number of Travel Lanes:	Three-lanes, undivided (i.e., two northbound lanes, one through and one right turn, and one southbound through lane)	Two-lanes, undivided
Width:	3.7 meters (12.1 feet) -- northbound through lane	3.9 meters (12.8 feet)
Surface Type:	Bituminous	Bituminous
Median:	None	None

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Shoulders:	Bituminous, not measured	Bituminous, 1.9 m (6.2 ft) on north, 3.4 m (11.2 ft) on south (continuation of right-turn lane from State road)
Vertical alignment:	Grade, negative to north (-5.7%)	Level, positive to west [+0.5% (i.e., < 2%)]
Horizontal alignment:	Straight	Straight in applicable segment (preceded by "S" curve)
Estimated Coefficient of Friction:	.60	.65
Traffic Density:	Moderate	No other traffic present

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	Pole-mounted flashing red beacon, STOP sign mounted on pole
Signs:	Information sign (identifying name of County road)	Regulatory STOP sign
Markings:	Dashed yellow center line for northbound traffic, solid yellow center line for southbound traffic; solid white lane line separating through lane from right-turn lane; and solid white edge line on east edge of roadway	Double solid yellow center lines, solid white edge lines on north and south edges of roadway, and solid white stop bar
Speed Limit:	72 k.p.h. (45 m.p.h.) -- reduced because of declared construction zone	40 k.p.h. (25 m.p.h.) -- reduced because of declared construction zone

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1996	1989
Make:	Dodge	Mercury

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Model:	Grand Caravan LE	Sable LS
Body Type:	Extended minivan, 7 passengers	4-door sedan, 6 passengers
V.I.N.	1B4GP54R4TB-----	1MEBM53U0KG-----
Color:	Green	Brown
Mileage:	5,958 km (3,702 miles)	85,698 km (53,250 miles)
Engine:	3.3 liters, V6	3.0 liters, V6
Transmission:	4-speed automatic	4-speed automatic with overdrive
Steering:	Power-assisted, rack-and-pinion	Power-assisted, rack-and-pinion
Brakes:	Power-assisted, front disc rear drum with 4-wheel anti-lock	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel, dash, sunvisors, A"-pillars, side door surfaces
Active Restraints:	3-point, manual, lap and shoulder belts in front, middle, and rear outboard seating positions; lap belt only at rear center position	3-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at front and rear center positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	None
Defects:	None	None
Fleet:	Leased vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

EXTERIORCase VehicleVehicle #2Deployment Impact

Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Left
Vertical Location		
On Plane:	Bumper	Above sill
Direct Begins:	Left bumper corner	98 cm (38.6 in) forward of left rear axle
Length Direct:	Unknown, bumper removed for repair	169 cm (66.5 in)
Field L:	Undeformed end width, unknown	188 cm (74.0 in)
C ₁ :	Unknown, being repaired	0 cm (0.0 in)
C ₂ :	Unknown, being repaired	5 cm (2.0 in)
C ₃ :	Unknown, being repaired	11 cm (4.3 in)
C ₄ :	Unknown, being repaired	15 cm (5.9 in)
C ₅ :	Unknown, being repaired	16 cm (6.3 in)
C ₆ :	Unknown, being repaired	0 cm (0.0 in)
D:	Unknown, being repaired	-121 cm (-47.6 in)
Maximum Crush:	Unknown, being repaired	22 cm (8.7 in)
Location:	Unknown	Between C ₃ and C ₄ , 60 cm (23.6 in) forward of left rear axle
CDC:	UNKNOWN	10-LZEW-2
Damaged Components:	Bumper, grille, hood, left front headlight assembly and fender	Left rear door and window, left quarter panel

Nondeployment Impact

Event number:	Second	Second
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Left	Left
Vertical Location		
On Plane:	Above sill	Bumper
Direct Begins:	52 cm (20.5 in) forward of left rear axle	Left front bumper corner
Length Direct:	15 cm (5.9 in)	11 cm (4.3 in)
Field L:	40 cm (15.7 in)	10 cm (3.9 in)

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)Case VehicleVehicle #2Nondeployment Impact (Continued)

C ₁ :	Not measured	Not measured
C ₂ :	Not measured	Not measured
C ₃ :	Not measured	Not measured
C ₄ :	Not measured	Not measured
C ₅ :	Not measured	Not measured
C ₆ :	Not measured	Not measured
D:	-144 cm (-56.7 in)	+121 cm (+47.6 in)
Maximum Crush:	5 cm (2.0 in)	2 cm (0.8 in)
Location:	Not determined	Not determined
CDC:	09-LBEW-1	09-LFEE-1
Damaged Components:	Left rear door and left quarter panel	Bumper

INTERIOR

Damaged Components:	Driver and right front passenger air bag modules, rear view mirror, and windshield	None visible
Other Evidence of Occupant Contact:	Smudge on right underneath side of steering column, make-up on driver's air bag	None visible
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	None

REPAIR

Cost Estimate:	\$10,294.51	Unknown
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VEHICLE VELOCITY ESTIMATES

Highest Delta "V"Case VehicleVehicle #2

Reconstruction Program:	Not applicable	Not applicable
Program Algorithm:	Not applicable	Not applicable

VEHICLE VELOCITY ESTIMATES¹ (CONTINUED)

<u>Highest Delta "V" (Continued)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Travel Speed ¹ :	56 k.p.h. (35 m.p.h.)	8 k.p.h. (5 m.p.h.)
Total Delta "V":	Unknown	Unknown
Longitudinal Delta "V":	Unknown	Unknown
Lateral Delta "V":	Unknown	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Grand Caravan) was traveling north-northeast in the northbound lane of a two-lane, undivided, State roadway and was attempting to continue in its northward direction of travel. According to the Police Accident Report and our interviews with both drivers, vehicle #2 (Sable) was traveling west in the west-bound lane of an intersecting, two-lane, undivided, County roadway and was starting to cross through the intersection after waiting for a southbound noncontact vehicle to go by. According to the driver of the case vehicle, she braked and steered right. According to the Police Accident Report and the damage to both vehicles, the case vehicle swerved to the right heading northeastward just prior to impact. According to the driver of vehicle #2, he never saw the case vehicle and made no pre-crash avoidance maneuvers. Vehicle #2 continued straight ahead in its westward direction of travel just prior to impact. The crash occurred in the four-leg intersection of the two roadways.

CRASH: According to the Police Accident Report, the driver of the case vehicle, and the damage to both vehicles, the front of the case vehicle impacted the left rear half (just behind the "B"-pillar) of vehicle #2 causing both the driver and right-front passenger side supplemental restraint systems (air bags) to deploy. According to the driver of the case vehicle and the damage to both vehicles, the case vehicle continued northeastward after impact, and vehicle #2 rotated approximately 90 degrees counterclockwise. According to the damage to both vehicles, the left rear of the case vehicle sideslapped the left front of vehicle #2. According to the Police Accident Report and the case vehicle's driver, the case vehicle continued northeastward after the sideslap and came to rest on the east shoulder heading northeast. According to the Police Accident Report and vehicle #2's driver, vehicle #2 continued rotating counterclockwise, approximately an additional 180 degrees, after the sideslap impact and came to rest straddling the north-south lanes of the State roadway heading north.

1

Estimated travel speed at impact is based on driver interviews and observed vehicular crush; see Vector Analysis Iterations. These iterations support the assigned PDOFs.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH:

Occupants: According to the Police Accident Report and Incident Report, the driver of the case vehicle remained inside the vehicle at final rest. She was conscious and was able without assistance to exit the case vehicle. The right front passenger remained seated inside the vehicle at final rest strapped in his rear-facing infant seat. According to the case vehicle's driver and his medical records, he was conscious, crying out post-impact, and was unable because of his age to exit the case vehicle. The driver of the case vehicle was restrained by her available, active, three-point, lap and shoulder belt. The right front passenger was seated in a rear-facing infant seat secured by his available, active, three-point, lap and shoulder belt. According to the Police Accident Report and the driver of vehicle #2, both the driver and the right front passenger in vehicle #2 remained inside their vehicle at final rest, were conscious, were able to exit vehicle #2 with some assistance, and were using their available, active, three-point, lap and shoulder belts.

Police: The investigating police agency was notified of the accident within two minutes and arrived on-scene within five minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: The driver of the case vehicle was transported by ambulance to a medical facility where she was treated and released. The case vehicle's right front passenger was transported by ambulance to a medical facility where he was treated and transferred to another hospital where he was hospitalized, initially in the Pediatric Intensive Care Unit. According to the interview with the case vehicle driver, she sustained cervical and thoracic strains. According to his medical records, the right front infant sustained: bilateral, nondisplaced, skull fractures of the parietal bones; bilateral subdural hematomas; a right occipital white matter shearing (diffuse axonal) injury; an intraventricular hemorrhage in the occipital horn of his right lateral ventricle; subarachnoid hemorrhages over the superior parietal lobes, bilaterally, and right frontal region; and a Concussion. According to the Police Accident Report and the interview with the driver of vehicle #2, both the driver and right front passenger were transported by ambulance to a medical facility where they were treated and released. According to their interviews, they sustained minor soft tissue injuries.

Removal: Following the police investigation, the case vehicle and vehicle #2 were towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
DRIVERS:	56 year-old female	72 year-old male
Height:	175 cm (69 in)	163 cm (64 in)
Weight:	61 kg (135 lbs)	79 kg (175 lbs)
Occupation:	Proprietor	Retired
Active Restraint System/Usage:	3-point lap and shoulder/Used	3-point lap and shoulder/Used
Usage Source:	Vehicle inspection, Interviewee, and Police Accident Report	Vehicle inspection, Interviewee, and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection, Interviewee, and Police Accident Report	Not applicable
Eye glasses/contacts:	None	None
Vehicle Familiarity:	Three weeks, less than 1,600 km (1,000 mi) total	Six years, approximately 96,600 km (60,000 mi) total
Route Familiarity:	Twice monthly	Infrequently
Trip Plan:	Home to personal business	Home to social/recreational
Manner of Leaving Scene:	Ambulance per Police Incident Report	Ambulance per Police Incident Report
Type of Medical Treatment:	Treated and released	Treated and released
RIGHT FRONT PASSENGER:	7 week-old male	45 year-old male
Height:	56 cm (22 in)	170 cm (67 in)
Weight:	5 kg (10 lbs)	64 kg (140 lbs)
Active Restraint System/Usage:	3-point lap and shoulder/Used with Fisher-Price infant seat	3-point lap and shoulder/Used

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

RIGHT FRONT PASSENGER:
(Continued)**Case Vehicle****Vehicle #2**

Usage Source:

Vehicle inspection, Interviewee, Police Accident Report, Medical Records

Vehicle inspection, Interviewee, Police Accident Report

Passive Restraint System/Usage:

Factory installed air bag/air bag deployed

Not equipped

Usage Source:

Vehicle inspection, Interviewee, Police Accident Report

Not applicable

Eye glasses/contacts:

None

Eyeglasses

Manner of Leaving Scene:

Ambulance per Police Incident Report

Ambulance per Police Incident Report

Type of Medical Treatment:

Hospitalized

Treated and released

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Cervical strain	640278.1,6	7	Driver's side air bag	{Probable}
Thoracic back strain	640478.1,7	7	Driver's side air bag	{Possible}

CASE VEHICLE PASSENGER INJURIES²

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Subdural hematoma, bilaterally, left underlies parietal skull fracture ²	140654.5,3	2	Right front air bag through infant child seat	{Certain}

² Subdural hematoma and/or hemorrhage was noted along the left cerebral convexity extending posteriorly along the falx and along the tentorium (supratentorial) and right posterior falx.

Falx (falks), f. of cerebrum -- the sickle-shaped fold of dura mater that extends downward in the longitudinal cerebral fissure and separates the two cerebral hemispheres.

Tentorium (ten-to/re-um) -- an anatomical part resembling a tent or a covering. *t. of cerebellum* -- the process of dura mater that supports the occipital lobes and covers the cerebellum. Its internal border is free and bounds the tentorial notch; its external border is attached to the skull and encloses the transverse sinus behind.

CASE VEHICLE PASSENGER INJURIES^{3,4,5} (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
White matter shearing (diffuse axonal) injury right occipital lobe	140628.5,1	2	Right front air bag through infant child seat	{Certain}
Intraventricular hemorrhage in occipital horn of right lateral ventricle	140678.4,1	2	Right front air bag through infant child seat	{Certain}
Subarachnoid ³ hemorrhage, minimal, right superior parietal lobe and frontal	140684.3,1	2	Right front air bag through infant child seat	{Certain}
Subarachnoid ³ hemorrhage, minimal, left superior parietal lobe	140684.3,2	2	Right front air bag through infant child seat	{Certain}
Concussion, awake on admission with neurologic deficit ⁴	160404.2,0	2	Right front air bag through infant child seat	{Certain}
Fracture ⁵ , stellate, left parietal skull, nondisplaced	150402.2,2	2	Right front air bag through infant child seat	{Certain}
Fracture ⁵ , nondisplaced, right superior parietal skull	150402.2,1	2	Right front air bag through infant child seat	{Certain}

³ The medical records conflict between the initial treatment facility and the facility to which the child was transferred and hospitalized. The initial treatment facility notes areas of high attenuation (i.e., hemorrhage) in the extra-axial space adjacent to Falx overlying the left frontal lobe and overlying the superior, posterior, right, parietal lobe. In addition, high attenuation is present in the right frontal cortex. The "transferred to" facility notes subarachnoid hemorrhage in essentially the same areas while ruling out the presence of any intraparenchymal hemorrhage. Also noted was subarachnoid hemorrhage within the interpeduncular cisterns.

cisterna (sis-ter'nah) -- a cistern: a closed space serving as a reservoir for lymph or other body fluid, especially one of the enlarged subarachnoid spaces containing cerebrospinal fluid. *c. interpeduncularis* -- interpeduncular cistern; a dilation of the subarachnoid space between the cerebral peduncles; called also *basal cistern*.

pedunculus (pe-dung'ku-lus) -- a stemlike part; a general term for collections of nerve fibers coursing between different areas in the central nervous system; called also *peduncle*.

⁴ Neurologic deficits were: right lateral conjugate gaze (i.e., deviation of both eyes to the same side) and a seizure in the Pediatric I.C.U. of the hospital to which the child was transferred.

⁵ Conflicting evidence exists regarding the severity of the skull fractures. The initial treatment facility described the left parietal fracture as beginning in the left temporal bone and extending upwards into the parietal convexity. The initial treatment facility described the right parietal skull fracture as mildly comminuted with a small fracture fragment displaced approximately two millimeters from the inner skull table. However, all of the subsequent medical records down-played the severity and referred to these two fractures as involving the parietal bones only and nondisplaced. The synthesis of the information is that these fractures were not that severe, and therefore, the encoding reflects this synthesis.

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Laceration mid-forehead	290600.1,7	7	Steering wheel rim	{Possible}
Fractured tooth	251404.1,8	7	Steering wheel hub or spokes	{Possible}
Contusion left upper arm	790402.1,2	7	Sill of Driver's door	{Certain}
Abrasion right knee	890202.1,1	7	Underside of steering column	{Certain}
Contusion right knee	890402.1,1	7	Underside of steering column	{Certain}
Contusion right ankle	890402.1,1	7	Foot controls	{Probable}

VEHICLE #2 PASSENGER INJURIES⁶

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion bridge of nose ⁶	290402.1,4	7	Other occupant (i.e., Driver)	{Possible}
Laceration bridge of nose ⁶	290600.1,4	7	Other occupant (i.e., Driver)	{Possible}

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash, she was seated upright with her back against the seatback, her right foot on the brake pedal, left on the toe pan, and both hands on the steering wheel. The vehicle inspection was unable to determine the exact location of the driver's seat track position since it had been displaced during the removal of the driver's air bag. According to the driver, her seat track was in the middle to rear most position. An inspection of the driver's air bag showed that there was no tether or vent ports and the top and bottom cover flaps (facia plates) showed no evidence of contact. The case vehicle's driver and Police Accident Report both indicated that she was wearing her available, active, three-point, lap and shoulder belt immediately prior to impact. This investigator was unable to determine definite usage during the vehicle inspection.

Immediately prior to the collision, the case vehicle was traveling downhill (-5.7% grade) in the north-northeastbound lane on a two-lane, State highway. According to the case vehicle's driver she braked and steered right, approximately 10 degrees (to a northeastward heading), in an attempt to avoid the crash. In response to her maneuvers, the driver most likely moved slightly forward and to her left, if at all.

⁶ These injuries occurred when the eyeglasses this occupant was wearing broke when the occupant's face came in contact with the injury mechanism.

CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

At impact the case vehicle's driver does not recall how she moved inside the vehicle. According to the principles of occupant kinematics (i.e., PDOF was approximately +10 degrees), combined with the right steering maneuver, the driver most likely moved forward and back to her right. When the air bag deployed, her face contacted the air bag leaving the make-up and lipstick transfer. The driver's forward movement was most likely minimal since the decelerative forces at impact caused her three-point belts to lock-up and minimize her facial injuries. According to the vehicle inspection, her forward movement most likely caused her right knee to contact the right side of the steering column; although, she claims she did not sustain any injury from this contact. The deploying air bag most likely pushed her head backwards while the combination of her belts and air bag decelerated her torso. This differential deceleration most likely caused the cervical and thoracic strains that she reported in her interview.

After the initial impact with vehicle #2, the left rear of the case vehicle sideslapped the left front corner of vehicle #2, most likely causing the case vehicle's driver to shift to her left slightly then rebounded back to her right. Her movement during this second event was most likely very minimal since, according to the case vehicle driver, she was unaware of its occurrence.

According to the case vehicle driver, she steered slightly back toward the left because she was concerned about her vehicle going off the road and rolling over. At final rest the driver was most likely close to her original seating position prior to the crash.

CASE VEHICLE PASSENGER KINEMATICS

According to the case vehicle's driver, just prior to the crash, the front right occupant (i.e., her seven week-old grandson) was strapped in his rear-facing, infant, child seat. According to the Police Accident Report and the driver, the seat was secured to the vehicle by the active, three-point, lap and shoulder belt. The vehicle inspection showed that the seat track was in the rear most position with the seatback in the upright position. Given the child's age and how securely he was held in his restraints, he most likely made no appreciable pre-impact movements.

At impact the infant boy most likely slid forward some slight distance but was held in place by the infant seat's harness and shield, which according to the driver were worn properly, as well as vehicle's safety belts. The deploying air bag impacted the back of the infant seat causing the child seat to crack and a piece of its right rear corner to brake off. An inspection of the infant child seat revealed a large crack along with a broken-off piece of plastic approximately 15 centimeters (6 inches) in length broken off the right rear corner near the right shoulder of the infant who was laying in place, facing rearward. According to the driver (grandmother), during the crash the infant cried out most likely when the deploying air bag struck the child's infant seat from behind. It should be noted that the distance from the back top portion of the infant, child seat to the front of the air bag module was 29 centimeters (11.4 inches).

The interior inspection also revealed a scratch to the inside of the windshield which most likely was caused when the broken plastic piece from the child seat's struck it. In addition, a powdery scuff on the lower right, backside corner of the rearview mirror was found which this investigator believes most likely was caused by the deploying right front air bag. An inspection of the right front air bag showed no contacts other than a scuff to the lower half of the bag which most likely occurred during deployment from contacting the bottom air bag cover flap (facia plate).

CASE VEHICLE PASSENGER KINEMATICS (CONTINUED)

The right front air bag does not have any vent ports but was equipped with a bottom biased tether⁷.

The momentum from the initial crash followed by the subsequent sideslap most likely caused the broken piece of plastic to contact the windshield. The windshield scratch (contact) appears to have a plastic compound base to it. His movement during the sideslap event was most likely very minimal because of the sideslapping nature of the impact.

At final rest the driver indicated that her grandson was in his child seat whimpering not crying hysterically.

AIR BAG SYSTEM⁷

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	65 cm (25.6 in) laterally, 57 cm (22.4 in) vertically	46 cm (18.1 in) laterally, 71 cm (28.0 in) vertically
Number of Air Bag Tethers	Two	One, bottom biased
Number of Vent Holes:	None ⁸	None ⁸
Vent Hole Diameter:	Not applicable	Not applicable
Vent Hole Clock Positions:	Not applicable	Not applicable
Generant Residue:	No unusual amount found	No unusual amount found

⁷ According to [REDACTED] who is an investigator with the NTSB, the right front air bags in the Chrysler, Dodge, and Plymouth minivan's have bottom bias tethers. A Chrysler technician explained to [REDACTED] that the bottom bias tether limits the bottom half of the air bag from fully deploying. This accelerates the deploying upper half of the air bag into the head and chest area of the occupant. The tether is in the form of a wide band of fabric that extends from one side seam to the other. The bottom portion of the air bag has the feel of being a double layer.

⁸ The case vehicle's air bags vent back into the steering column and dash, respectively.

ACCIDENT COLLISION MEASUREMENT TABLE

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 10

Case Number—Stratum 9521

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., speed limit)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

VEH. #1	VEH. #2	VEH. #3
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
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19	19	19
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21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
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30	30	30
31	31	31
32	32	32
33	33	33
34	34	34
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39	39	39
40	40	40
41	41	41
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43	43	43
44	44	44
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82	82	82
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84	84	84
85	85	85
86	86	86
87	87	87
88	88	88
89	89	89
90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

Heading Angle 24 275 _____

Surface Type Bit Bit _____

Surface Condition WET WET _____

Coefficient of Friction _____

Grade (v/h) $\frac{-2.75}{48} + \frac{+0.25}{48}$ _____
Measurement
(between impact
and final rest)

Grade (v/h) _____
Measurement N/A N/A _____
(at location of
rollover initiation)

Reference Point: N/A

Reference line: N/A

NO EVIDENCE

[illegible]

Appendix A:

POLICE ACCIDENT AND INCIDENT REPORTS

The Vehicle Identification Number reported on the Police Accident Report for the Case Vehicle (Police Accident Report's vehicle #2) is incorrect. This VIN most likely reflects the vehicle leased previously by the Case Vehicle's driver.

Motor Vehicle Accident Report

Document Number Override

INSTRUCTIONS

Please use a
Black Ink Pen
or #2 Pencil.

Mark Areas as shown:

Correct Marks

Incorrect Marks

Reportable
Accident

Accident Date

Time of Accident
(Military Time)

Total Number

Hit & Run

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Sheet No.

Of

ACCIDENT LOCATION

- Public Highway, Intersection/Related
- Public Highway, Non-Intersection
- Parking Lot
- Private Property or Road

LATITUDE (GPS)

Degrees

Minutes

Seconds

LONGITUDE (GPS)

Degrees

Minutes

Seconds

ON

Hwy No. and Street Name

Estimated

FT.

MI

FROM/AT

Hwy No. and Street Name

House #
Utility #Fire #
Railroad #

Other

Agency Space

Special Study

Unit Number

Unit Type

Total Number of Occupants

Direction of Travel
(Before the Accident)

Unit Number

Unit Type

Total Number of Occupants

Direction of Travel
(Before the Accident)Speed Limit
OPERATOR Last
NAME

First

M.I.

Speed Limit
OPERATOR Last
NAME

First

M.I.

ADDRESS Street & Number

ADDRESS Street & Number

City & State

ZIP

Phone Number

City & State

ZIP

Phone Number

Driver's License Number

State

Exp. Year

Driver's License Number

State

Exp. Year

Date of Birth

72

Sex

Operating

Class

Endorse

Date of Birth

56

Sex

Operating

Class

Endorse

On Duty
Accident

- P Police
- E EMT-Paramedic
- F Fire Fighter
- H Winter Hwy Maintenance

CMV

Classified:

25

(Mark Only One)

On Duty

On Duty
Accident

- P Police
- E EMT-Paramedic
- F Fire Fighter
- H Winter Hwy Maintenance

CMV

Classified:

25

(Mark Only One)

On Duty

(Mark All That Apply)

Severity

SEAT
PositionSAFETY
Equipment

AIRBAG

EJECTED

Deployed

Not Applicable

Partially Ejected

Severity

SEAT
PositionSAFETY
Equipment

AIRBAG

EJECTED

Deployed

Not Applicable

Partially Ejected

Unknown

TRAPPED/
EXTRICATED

Not Applicable

Trapped/Extricated

Unknown

Medical
Transport

Trapped/Not Extricated

Trapped/Extricated

Unknown

Medical
Transport

Trapped/Not Extricated

Trapped/Extricated

Unknown

Medical
Transport

Trapped/Not Extricated

Trapped/Extricated

Unknown

Medical
Transport

Trapped/Not Extricated

Vehicle Owner
Same

Last Name

First

Vehicle Owner
Same

Last Name

First

M.I.

Street Address

Street Address

City & State

ZIP

Phone Number

City & State

ZIP

Phone Number

Year of Vehicle

Make

Model

Body Style

Color

Year of Vehicle

Make

Model

Body Style

Color

Vehicle ID Number

1989 MERC SAB

46K 300

Vehicle ID Number

1995 DODGE CARV

VAN DK GRN

License Plate Number

1MEBM53UCKG

Plate Type

State

Exp. Year

License Plate Number

1B4GH54R9SN

Plate Type

State

Exp. Year

Policy Holder's Name

Name

Class

Policy Holder's Name

Name

Class

Name

Liability Insurance Company

Stat. #

Liability Insurance Company

Stat. #

Occupant
Unit Number

NAME Last

First

M.I.

Date of Birth

45

Sex

Severity

SEAT
PositionSAFETY
Equipment

AIRBAG

Address Same
as Operator

Yes

No

EJECTED

Not Applicable

Partially Ejected

Unknown

TRAPPED/
EXTRICATED

Not Applicable

Trapped/Extricated

Trapped/Not Extricated

Unknown

Medical
Transport

Agency Space

3

EMS Number

MV4000 1293

Officer's Opinion of Possible Contributing Circumstances

Document Number Override

Driver Factors

Unit Number

NA

Exceeding Speed Limit
 speed too Fast Condition
 Fail to Yield Right of Way
 Inattentive Driving
 Following too Close
 Improper Turn
 Left of Center
 Disregarded Traffic Control
 Improper Overtaking
 Unsafe Backing
 Failure to have Control
 Driver Condition
 Physically Disabled
 Other

Vehicle Factors

Unit Number

NA

Brake System
 Tires
 Steering System
 Turn Signals
 Head Lamps
 Stop Lamps
 Tail Lamps
 Disabled in Prior Accident
 Other Disabled
 Mirrors
 Suspension System
 Other

Highway Factors

Unit Number

NA

snow, ice or Wet
 Narrow shoulder
 Low Shoulder
 Soft Shoulder
 Loose Gravel
 Rough Pavement
 Debris from Prior Accident
 Other Debris
 Sign Obscured or Missing
 Narrow Bridge
 Construction Zone
 Visibility Obscured
 Other

OFFICER INFORMATION

Last	First	M.I.
[REDACTED]	[REDACTED]	[REDACTED]
Law Enforcement Agency Address		
[REDACTED]		
City & State		
[REDACTED], WI [REDACTED]		
Phone Number		
[REDACTED] (25) [REDACTED]		
Agency #	Parent Agency	Officer ID #
124	SHERIFF	151

Date Notified

MONTH	DAY	YEAR
Jan	9	95
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Time Notified
(Military Time)

HOUR	MIN.
07	47

Time Arrived
(Military Time)

HOUR	MIN.
07	50

Date of Report

MONTH	DAY	YEAR
Jan	9	95
Feb		
Mar		
Apr		
May		
June		
July		
Aug		
Sept		
Oct		
Nov		
Dec		

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section: *Did the accident involve...*

Part A

A truck with at least two axles and six tires? ☒ Y ☐ N

A truck with a hazardous materials placard? ☒ Y ☐ N

A bus designed to carry 16 or more persons, including the driver? ☒ Y ☐ N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured? ☒ Y ☐ N

Any injured person requiring transport for immediate medical treatment? ☒ Y ☐ N

One or more vehicles that had to be towed from the scene as a result of the accident? ☒ Y ☐ N

One or more vehicles that required repair or were provided assistance before proceeding from scene under own power? ☒ Y ☐ N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section...

Hazardous Material Information

Hazardous Material Class Numbers (1-2digit):

Hazardous Material "UN" Numbers (4 digit):

Hazardous Material Placard Displayed? ☒ Y ☐ N

Hazardous Cargo was Released? ☒ Y ☐ N

List the Hazardous Material(s) by name in this load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

• Interstate Carrier?

Carrier Name

Carrier Identification Numbers

US DOT (4) LC

ICC MC IC

Carrier Address

Source:

Vehicle Side
 Shipping Papers
 Trip Manifest
 Driver
 Log Book

Vehicle Information

Vehicle Configuration

Single unit truck, 2 axles, 6 tires

Truck Trailer

Tractor Trailer

Tractor Semi-Trailer

Tractor/Trailer

Tractor/Trailer

Log Truck

Gross Vehicle Weight Rating LBS

Total # of Axles

SEQUENCE OF EVENTS FOR THIS VEHICLE

Ran off Road

Jackknife

Overturn (Rollover)

Downhill Runaway

Cargo Loss or Shift

Explosion or Fire

Separation of Units

Collision involving pedestrian

Collision involving motor vehicle in transp.

Collision involving parked motor vehicle

Collision involving train

Collision involving pedalcycle

Collision involving animal

Collision involving fixed object

Collision involving other object

Other

Bus

Van Enclosed box

Cargo Tank

Flatbed

Dump

Concrete Mixer

Van Transporter

Garbage Refuse

Other

Log Truck

Remarks to Impact

Supplemental Reports

Witness Statements

Measurements Taken

CTH

Concrete

STOP SIGN

WITNESS



WITNESS

NOT TO SCALE
MEASUREMENTS ARE IN PAGES
ONE PAGE = APPROX. 3 FT

Diagram By: DEP

N UNIT #1 TRAVELING W/B ON CTH STOPPED FOR
A STOP SIGN AND ATTEMPTED TO CROSS CTH HOWEVER
R UNIT #1 PULLED INTO THE PATH OF UNIT #2 WHO WAS
R UNABLE TO STOP. DRIVER UNIT #1 STATED HE DIDN'T
SEE UNIT #2.

A WITNESS
T
I
V
E

WITNESS NAME	First	MI
ADDRESS Street & Number	Date of Birth	
City & State	ZIP	Phone number

- ACCESS CONTROL**
- ☐ No Control (Unlimited Access)
 - ☐ Full Control (Only Ramp Entry/Exit)
 - ☐ Partial Control

- TRAFFIC WAY**
- ☐ Not Physically Divided (2-Way Traffic)
 - ☐ Divided Highway, Median Strip, without Traffic Barrier
 - ☐ Divided Highway, Median Strip, with Traffic Barrier
 - ☐ One-Way Traffic
 - ☐ Parking Lot or Private Property

- RELATION TO ROADWAY**
- ☐ On Roadway
 - ☐ Parking Lot or Private Property
 - ☐ Shoulder (Other than Shoulder within Median or Gore)
 - ☐ Median (Other than Median within Gore)
 - ☐ Outside Shoulder—Left
 - ☐ Outside Shoulder—Right
 - ☐ Off Roadway—Location Unknown
 - ☐ Gore (Area between Ramp & Highway)

ROAD TERRAIN

- Part A**
- ☐ Straight
 - ☐ Curve

- Part B**
- ☐ Level Flat
 - ☐ Hill

ROAD SURFACE CONDITION

- ☐ Dry
- ☐ Wet
- ☐ Snow/Slush
- ☐ Ice
- ☐ Sand, Mud, Dirt, Oil
- ☐ Other
- ☐ Unknown

LIGHT CONDITION

- ☐ Daylight
- ☐ Dark—Not Lighted
- ☐ Dark—Lighted
- ☐ Dawn
- ☐ Dusk
- ☐ Unknown

WEATHER

- ☐ Clear
- ☐ Cloudy
- ☐ Rain
- ☐ Snow
- ☐ Fog, Smog, Smoke
- ☐ Sleet, Hail (Freezing Rain or Drizzle)
- ☐ Blowing Sand, Soil, Dirt, Snow
- ☐ Severe Crosswinds
- ☐ Other
- ☐ Unknown

Photos By:

105

NONE

What Drivers Were Doing

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 11
<input type="radio"/> 12	<input type="radio"/> 12
<input type="radio"/> 13	<input type="radio"/> 13
<input type="radio"/> 14	<input type="radio"/> 14
<input type="radio"/> 15	<input type="radio"/> 15
<input type="radio"/> 16	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 17
<input type="radio"/> 18	<input type="radio"/> 18
<input type="radio"/> 19	<input type="radio"/> 19
<input type="radio"/> 20	<input type="radio"/> 20

Traffic Control

Unit Number	Unit Number
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 10	<input type="radio"/> 10

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	SEX	SEAT Position	SAFETY Equipment	AIRBAG
Address Same as Operator	ADDRESS Street & Number		City & State		2 Months	ZIP		
	EJECTED	Not Ejected	3. Totally Ejected	4. Partially Ejected	5. Unknown	TRAPPED/EXTRICATED	Not Applicable	4. Trapped/Not Extricated
	Yes	No	Not Applicable	Not Ejected	Unknown	Not Applicable	Not Trapped	Unknown
Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	SEX	SEAT Position	SAFETY Equipment	AIRBAG
Address Same as Operator	ADDRESS Street & Number		City & State		ZIP			
	EJECTED	Not Ejected	3. Totally Ejected	4. Partially Ejected	5. Unknown	TRAPPED/EXTRICATED	Not Applicable	4. Trapped/Not Extricated
	Yes	No	Not Applicable	Not Ejected	Unknown	Not Applicable	Not Trapped	Unknown

Type of Accident

01 First Harmful Event									
Most Harmful Event									
Unit Number					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10
(select one per vehicle)									

Collision With Object Not Fixed

1. Motor Vehicle in Transport	2. Parked Motor Vehicle	3. Deer	4. Pedalcycle	5. Pedestrian	6. Railway Train	7. Other Animal	8. Motor Vehicle in Transport In Other Roadway	9. Other Object (Not Fixed)
-------------------------------	-------------------------	---------	---------------	---------------	------------------	-----------------	--	-----------------------------

Collision With Fixed Object

10. Traffic Sign Post	11. Traffic Signal	12. Utility Pole	13. Lum. Light Support	14. Other Post	15. Tree	16. Mailbox	17. Guardrail Face	18. Guardrail End	19. Median Barrier	20. Bridge Parapet End	21. Bridge/Pier/Abut.	22. Impact Attenuator	23. Overhead Sign Post	24. Bridge Rail	25. Culvert	26. Ditch	27. Curb	28. Embankment	29. Fence	30. Other Fixed Object	31. Unknown
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Non-Collision

32. Overturn	33. Fire Explosion	34. Immersion	35. Jackknife	36. Other Non-Collision
--------------	--------------------	---------------	---------------	-------------------------

Driver Condition

Unit Number					Unit Number				
1	2	3	4	5	1	2	3	4	5
6	7	8	9	10	6	7	8	9	10

Driver Factors (Or Pedestrians)

1. Appeared Normal	2. Reduced Alertness	3. Ability Impaired	4. Not Observed
--------------------	----------------------	---------------------	-----------------

Presence

Neither Alcohol nor Drugs Present

6. Yes—Alcohol Present	7. Yes—Drugs Present	8. Yes—Alcohol & Drugs Present	9. Unknown
------------------------	----------------------	--------------------------------	------------

Alcohol

AC Value	AC Value
----------	----------

1. Test Not Given	2. Test Refused	3. Test Given, Alcohol Unknown	4. Test Given, No Alcohol Reported
-------------------	-----------------	--------------------------------	------------------------------------

Drugs

1. Test Not Given	2. Test Refused	3. Test Given, Drugs Unknown	4. Test Given, No Drugs Reported	5. Drugs Reported (Specify Below)
-------------------	-----------------	------------------------------	----------------------------------	-----------------------------------

1. Marijuana	2. Cocaine	3. Opiates	4. Amphetamines	5. PCP	6. Other Drug Medication	7. Type Unknown
--------------	------------	------------	-----------------	--------	--------------------------	-----------------

Unit

Pedestrian

Location	Action
1. In Crosswalk	Walking not Facing Traffic
2. In Roadway	Disregarded Signal
3. Not in Roadway	Darting into Road
4. On Sidewalk	Dark Clothing
	Walking Facing Traffic

Manner of Collision

1. No Collision with Motor Vehicle in Transport	2. Rear-end	3. Head On	4. Rear to Rear	5. Angle	6. Sideswipe, Same Direction	7. Sideswipe, Opposite Direction	8. Unknown
---	-------------	------------	-----------------	----------	------------------------------	----------------------------------	------------

Unit

Darken Numbered Area(s) of Vehicle Damage

1. None	2. Undercarriage	3. Total (Damage to all Areas)	4. Other	5. Unknown
---------	------------------	--------------------------------	----------	------------

Extent of Damage

1. None	2. Very Minor	3. Minor	4. Moderate	5. Severe	6. Very Severe	7. Unknown
---------	---------------	----------	-------------	-----------	----------------	------------

Vehicle Towed Due to Damage: ☒

Vehicle Removed By: Towing

Unit

Darken Numbered Area(s) of Vehicle Damage

1. None	2. Undercarriage	3. Total (Damage to all Areas)	4. Other	5. Unknown
---------	------------------	--------------------------------	----------	------------

Extent of Damage

1. None	2. Very Minor	3. Minor	4. Moderate	5. Severe	6. Very Severe	7. Unknown
---------	---------------	----------	-------------	-----------	----------------	------------

Vehicle Towed Due to Damage: ☒

Vehicle Removed By: Towing

Fixed Object Struck

Unit	Unit	Unit	Unit	Unit	Unit
------	------	------	------	------	------

Govt. Damage Tag # 85

PROPERTY OWNER

Last First M.I.

ADDRESS Street & Number

City & State

ZIP

Phone Number ()

INCIDENT REPORT

SHERIFF'S DEPT.

WISCONSIN

1	ACTIVITY CODE 1 0 1	GRID CODE	JURISDICTION	COMPLAINT NUMBER																																																								
2	Location of Incident STH AT CTH		Date and Time Occurred 95 0745																																																									
	Date and Time Report Taken 95 0750	WEATHER: <input type="checkbox"/> Snow-Sleet <input type="checkbox"/> Rain <input type="checkbox"/> Unknown <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog	LIGHTING: <input type="checkbox"/> Natural <input type="checkbox"/> Artificial Interior <input type="checkbox"/> Artificial Exterior																																																									
3	TYPE OF INCIDENT																																																											
	<input type="checkbox"/> HOMICIDE <input type="checkbox"/> THEFT		<input type="checkbox"/> ASSAULT <input type="checkbox"/> ROBBERY <input type="checkbox"/> BURGLARY <input type="checkbox"/> ARSON <input checked="" type="checkbox"/> OTHER DESCRIBE P.I. ACCIDENT																																																									
4	EXTENT OF INJURY																																																											
	<input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal <input type="checkbox"/> Location of Injury: Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Foot		Type of Injury Removed By Removed To Physician																																																									
5	CODE: V—Victim W—Witness C—Complainant M—Mentioned O—Owner																																																											
	Additional Names or Suspects <input type="checkbox"/> Yes <input type="checkbox"/> No																																																											
6	ARRESTEES OR SUSPECTS																																																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>LAST-FIRST-MI</th> <th>S</th> <th>R</th> <th>DOB</th> <th>Age</th> <th>AKA</th> <th>Emp.-School</th> <th>Arr. No.</th> </tr> <tr> <td>m</td> <td></td> <td></td> <td>72</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>m</td> <td></td> <td></td> <td>45</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>m</td> <td></td> <td></td> <td>56</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>m</td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>w</td> <td></td> <td></td> <td>49</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>w</td> <td></td> <td></td> <td>unk</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				LAST-FIRST-MI	S	R	DOB	Age	AKA	Emp.-School	Arr. No.	m			72					m			45					m			56					m			2					w			49					w			unk				
LAST-FIRST-MI	S	R	DOB	Age	AKA	Emp.-School	Arr. No.																																																					
m			72																																																									
m			45																																																									
m			56																																																									
m			2																																																									
w			49																																																									
w			unk																																																									
7	CRIME SC.																																																											
	Scene Processed By <input type="checkbox"/> No		EVIDENCE RECOVERED <input type="checkbox"/> Yes <input type="checkbox"/> No																																																									
	Photos <input type="checkbox"/> Yes <input type="checkbox"/> No		Fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No																																																									
8	VEHICLE STATUS																																																											
	<input type="checkbox"/> Stolen <input type="checkbox"/> Target <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect		Year Make Style Model Color License Number State Exp Vin. Additional Identification or Information Value																																																									
9	Permission Statement																																																											
	Was Permission Given to Commit Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and Position of Person Who Gave or Denied Permission ACC #																																																									
10	NARRATIVE																																																											
	THIS WAS A MAJOR P.I. ACCIDENT WHICH OCCURRED AT THE ABOVE LOCATION. UNIT #1-DRIVEN BY [REDACTED] WITH [REDACTED] BEING A RIGHT FRONT PASSENGER. BOTH SUBJ. CONVEYED TO HOSPITAL BY [REDACTED] RESCUE. [REDACTED] SUSTAINING A BRUISED LEFT SIDE & A HEAD CUD. [REDACTED] SUSTAIN A CUT TO HEAD AND POSSIBLE NECK. BOTH HAD SEAT BELTS ON. UNIT #2-DRIVEN BY [REDACTED] WITH [REDACTED] BEING A PASSENGER IN RIGHT FRONT SEAT IN A SAFETY SEAT. BOTH [REDACTED] CONVEYED																																																											
11	SOLVABILITY																																																											
	PRIMARY Yes No Suspect Location <input type="checkbox"/> <input type="checkbox"/> Suspect Name <input type="checkbox"/> <input type="checkbox"/> Suspect Identified <input type="checkbox"/> <input type="checkbox"/> Witness to Crime <input type="checkbox"/> <input type="checkbox"/>		Secondary Yes No Suspect Description <input type="checkbox"/> <input type="checkbox"/> Weapon Description <input type="checkbox"/> <input type="checkbox"/> Evidence Collected <input type="checkbox"/> <input type="checkbox"/> Vehicle Information <input type="checkbox"/> <input type="checkbox"/> Prop. ID'd/Located <input type="checkbox"/> <input type="checkbox"/> M.O. Information <input type="checkbox"/> <input type="checkbox"/>																																																									
	Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TO COPIES RUN <input type="checkbox"/> PATROL <input type="checkbox"/> <input type="checkbox"/> INVEST <input type="checkbox"/> <input type="checkbox"/> DISPATCH <input type="checkbox"/> <input type="checkbox"/> D.A. <input type="checkbox"/>		Date 95-98 Supervisor Shift Commander																																																									

SHERIFF'S DEPT.

WISCONSIN

COMP. NO

TYPE OF
INCIDENT

Accident

PAGE 2 of 2 PAGES

NARRATIVE CONTINUATION

5. <input type="checkbox"/> N/A		CODE: V-Victim W-Witness C-Complainant M-Mentioned O-Owner					Additional Names or Suspects <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAMES	LAST-FIRST-MI.	S	R	DOB	Address	Phone		

TO [REDACTED] Hospital By [REDACTED] Rescue, Driver ([REDACTED])
Sustained Bruises to KNEE AND NECK SORENESS. BABY [REDACTED]
WAS CHECKED FOR POSSIBLE INJURY.

ACCIDENT OCCURRED WHEN UNIT #1 STOPPED AT ~~STOP~~ STOP SIGN
TRAVELING W/R ON ETH [REDACTED] AT 5TH [REDACTED] WHEN UNIT #1 PULLED OUT
INTO THE PATH OF UNIT #2

WITNESS [REDACTED] WAS BEHIND UNIT #2 WHEN HE SAW UNIT #1
PULL OUT FROM STOP SIGN.

WITNESS [REDACTED] WAS TRAVELING S/R ON 5TH [REDACTED] WHEN SHE
SAW UNIT #1 PULL OUT FROM STOP SIGN.

ACCIDENT ON FILE # [REDACTED]

D.E.P.

Follow-up Required ☐ Yes ☐ No [REDACTED] 95

COPIES

TO	RUN
<input type="checkbox"/> PATROL	<input type="checkbox"/>
<input type="checkbox"/> INVEST	<input type="checkbox"/>
<input type="checkbox"/> DISPATCH	<input type="checkbox"/>
<input type="checkbox"/> D.A.	<input type="checkbox"/>

Supervisor

Shift Commander

21A

Appendix B:

CASE VEHICLE'S REPAIR ESTIMATE



, WISCONSIN

ESTIMATE SHEET AND REPAIR ORDER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ DATE _____

3.3L

YEAR-MODEL		MAKE OF CAR		BODY TYPE		LICENSE NO.		SERIAL NO.		MILEAGE	
96		Dodge		Cavarian Grand LE		[REDACTED]		1B4GP54R4TB		3702	
REPAIR	REPLACE					FRAME	MECHANICAL	PARTS	LABOR	REFINISHING	
	X	Cover Front	HP45SGJ					280.00	2.9	2.2	
	X	Support Upper Crossmember	4676878					12.75			
	X	Deflector Air	4576950F					20.50			
	X	Reinforcement	4576687					65.00			
	X	Grille	4576955					28.50			
	X	Clip Grille Front	6101956					1.00			
	X	Headlight LT.	4857041					215.00			
	X	Panel Hood						245.00	1.2	2.3	
		Add for underside								1.2	
		Rail Hood Assy							.6		
	X	Emblem	KS76SP					7.60			
	X	Seal Hood	4716733					18.73			
	X	Hinge Hood Half	4797817					6.25			
	X	Hinge Body Half	4716451					2.50	.3		
	X	Hinge Body Half	4716450					2.50	.3		
	X	Hinge Hood Half	4797816					6.25			
	X	Clip Rod	6508271					.35			
	X	Catchstriker, safety	4797979					18.75			
	X	Radiator	4682587				1.1	280.00	1.3		
	X	Insulator upper	4734198	Two				5.60			
	X	Insulator Lower	4592113	Two				2.90			
	X	Cap Reservoir	4682828					3.20			
	X	Fan Assy Cooling	4682624				6	280.00	.6		
	X	Reservoir Coolant	4682607					10.75	.7		
	X	Seal Air	4682962					2.70			
SUBJECT TO INVOICE PRICE CHANGES											
CARTOTALS											

SUBJECT TO INVOICE PRICE CHANGES SUBTOTALS

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

PAINT & MATERIAL

TOWING

TOTAL

SALES TAX

GRAND TOTAL

THIS WORK AUTHORIZED BY _____

, WISCONSIN

ESTIMATE SHEET AND REPAIR ORDER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ DATE _____

YEAR-MODEL		MAKE OF CAR	BODY TYPE	LICENSE NO.		SERIAL NO.		MILEAGE	
REPAIR	REPLACE			FRAME	MECHANICAL	PARTS	LABOR	REFINISHING	
		F-Vac System	2.4615		1.4	30.00			
	X	Condenser	4682589		1.5	300.00			
		Gasket-Condenser				4.30			
	X	Cleaner Assy-Air	4612225		.3	62.50			
	X	Resonator Assy, Cleaner	4612512		.3	62.50			
	X	Shield-Air Intake	4618917			4.50			
	X	Tray-Battery w/speed control	4716740			21.25			
	X	Horn High	4685307			42.50	.3		
	X	Horn Low	4685808			21.25	.3		
	X	Wire Loom	4707612			305.00	3.0		
	X	Refrigerant Recarm			.3				
	X	Tie Bar Assy upper	4860194			97.00	2.0		
	X	Tie Bar Assy Lower	4716500			87.00	3.0		
	X	Panel Assy-Side Supt	4798353			118.00	2.5		
	X	Apron Front	4797815 Lt			33.25	6.0		
	X	Reinforcement Apron	4797905 Lt			35.00			
	X	Rail Assy, side Lt	4716499			174.00	8.5		
	X	Reinforcement Fender/Rd	4797859			33.50	2.0		
	X	Fender	4797809			105.00			1.5
		Add to Edge							.5
	X	Splash shield	4716609			25.00			
		Set up Frame		2.0					
		Frame Trim		8.0					
	X	Module Air Bag	GP43SK5			445.00			
	X	Clock spring	4687630			57.00	.7		
SUBJECT TO INVOICE PRICE CHANGES				SUBTOTALS					

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE REQUIRED. MATERIALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

PAINT & MATERIAL

TOWING

TOTAL

SALES TAX

GRAND TOTAL

THIS WORK AUTHORIZED BY _____



, WISCONSIN

ESTIMATE SHEET AND REPAIR ORDER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ DATE _____

YEAR-MODEL		MAKE OF CAR	BODY TYPE	LICENSE NO.		SERIAL NO.		MILEAGE	
REPAIR	REPLACE			FRAME	MECHANICAL	PARTS	LABOR	REFINISHING	
	X	Mount Engine Rt	4612427			27.50	.5		
	X	Support Rt Mount	4612304			23.00	.5		
	X	Mount Trans	4612369			50.50	.3		
	X	Bracket Trans Mount	4612408			13.75			
	X	Module Air Bag	4680083			500.00	6.0		
	X	Air Bag Control Unit	5269568			320.00			
	X	Sub Frame	4684281			335.00	8.0		
	X	Trans Switch	4671017		2	10.50			
	X	Relay Box	4707730			117.00	2.0		
	X	License Plate Bracket	4676316			13.00			
	X	Windshield Nozzle	4673014			3.60			
	X	Air Intake Duck	4612907			25.00			
	X	Amb Temp Switch	4685606			12.75			
	X	Valve Cover	4448867		4	33.50			
	X	Heat Shield - Exhaust	4694129		5	8.75			
	X	Dacale - Air Conditioning	4677229			.35			
	X	Panel Body side door	4792091	lt		500.00	14.0	3.3	
X		Inner Housing					2.0	.3	
		Tint & Blend						2.0	
		Rust Protection and Calk - undercoating				45.00			
		Air Lights					.5		
		Four Wheel Alignment			79.95				
		Clear Coat						2.0	
		Anti Freeze				12.00			
		Waste Removal				10.00			

SUBJECT TO INVOICE PRICE CHANGES SUBTOTALS

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR REEVALUATION ACCEPTANCE.

PAINT & MATERIAL

TOWING

TOTAL

SALES TAX

GRAND TOTAL

THIS WORK AUTHORIZED BY _____

, WISCONSIN

ESTIMATE SHEET AND REPAIR ORDER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ DATE _____

[illegible]

SUBJECT TO INVOICE PRICE CHANGES		SUBTOTALS	420.00	737.05	56.88	58.21	38.50	535.50
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THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON PRELIMINARY WORK MAY BE DISCOVERED. NATURALLY, THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

PAINT & MATERIAL	275.	40
------------------	------	----

TOWING

TOTAL**SALES TAX**

GRAND TOTAL

THIS WORK AUTHORIZED BY

24.A

Appendix C:

RECONSTRUCTION PROGRAM RESULTS:

**CRASHPC
(BARRIER OPTION--VEHICLE #2)**

TRC VECTOR ANALYSIS ITERATIONS

CRASHPC
(BARRIER OPTION--VEHICLE #2)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title <u>10</u> Primary Sampling Unit	<u>9521</u> Case No.-Stratum	<u>01</u> Accident Event Sequence No.	_____ Date (Month, day, year) of Run
CRASHPC Vehicle Identification			
Vehicle 1 <u>1996</u> Year	<u>Dodge</u> Make	<u>Grand Caravan</u> Model	<u>01</u> NASS Veh. No.
Vehicle 2 <u>1989</u> Year	<u>Mercury</u> Make	<u>Sable LS</u> Model	<u>02</u> NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size <u>11</u>		Size <u>3</u>	
Weight Curb + Occupant(s) + Cargo = _____ kg		Weight Curb + Occupant(s) + Cargo = <u>1,412 + 143 + 0 = 1555</u> kg	
CDC PDOF (-180 to +180) <u>±</u> _____ °		CDC PDOF (-180 to +180) <u>10 L R E W 2</u> <u>5060</u> °	
Stiffness _____		Stiffness <u>3</u>	

SCENE INFORMATION

Rest and Impact Positions <input checked="" type="checkbox"/> No, Go To Damage Information <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Rest Position X _____ m Y _____ m PSI _____ °		Rest Position X _____ m Y _____ m PSI _____ °	
Impact Position X _____ m Y _____ m PSI _____ °		Impact Position X _____ m Y _____ m PSI _____ °	
Slip Angle(-180 to +180) _____ °		Slip Angle (-180 to +180) _____ °	

VEHICLE MOTION

Sustained Contact <input type="checkbox"/> No <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Vehicle Rotation <input type="checkbox"/> No <input type="checkbox"/> Yes		Vehicle Rotation <input type="checkbox"/> No <input type="checkbox"/> Yes	
Rotation Stop Before Rest <input type="checkbox"/> No <input type="checkbox"/> Yes		Rotation Stop Before Rest <input type="checkbox"/> No <input type="checkbox"/> Yes	
End of Rotation Position X _____ m Y _____ m PSI _____ °		End of Rotation Position X _____ m Y _____ m PSI _____ °	
Curved Path <input type="checkbox"/> No <input type="checkbox"/> Yes		Curved Path <input type="checkbox"/> No <input type="checkbox"/> Yes	
Point on Path X _____ m Y _____ m		Point on Path X _____ m Y _____ m	
Rotation Direction <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW		Rotation Direction <input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	
Rotation > 360° <input type="checkbox"/> No <input type="checkbox"/> Yes		Rotation > 360° <input type="checkbox"/> No <input type="checkbox"/> Yes	

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Terrain Boundary [] No [] Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L _____ cm

Crush Depths C₁ _____ cmC₂ _____ cmC₃ _____ cmC₄ _____ cmC₅ _____ cmC₆ _____ cmDamage Offset D [±] _____ cm

VEHICLE 2

Damage Length L 188 cmCrush Depths C₁ 0 cmC₂ 5 cmC₃ 17 cmC₄ 15 cmC₅ 16 cmC₆ 0 cmDamage Offset D ⊖ 121 cmIF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigation, TRC/IU Case 95-21, Task 9606

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 0 KPH (0 MPH)
 LONGITUDINAL 0 KPH (0 MPH)
 LATITUDINAL 0 KPH (0 MPH)
 PDOF ANGLE 0 DEGREES
 ENERGY DISSIPATED = 0 JOULES (0 FT-LB)

VEHICLE #2

TOTAL 12 KPH (7 MPH)
 LONGITUDINAL -6 KPH (-4 MPH)
 LATITUDINAL 10 KPH (6 MPH)
 PDOF ANGLE -60 DEGREES
 ENERGY DISSIPATED = 15724 JOULES (11596 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	11	3
STIFFNESS CATEGORY	0	3
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	1555 KGS (3428 LBS)
CDC	BARRIER	10LZEW2
PDOF ANGLE	0 DEGREES *	-60 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	188 CM. (74 IN.)
C1	0 CM. (0 IN.) *	0 CM. (0 IN.)
C2	0 CM. (0 IN.) *	5 CM. (2 IN.)
C3	0 CM. (0 IN.) *	11 CM. (4 IN.)
C4	0 CM. (0 IN.) *	15 CM. (6 IN.)
C5	0 CM. (0 IN.) *	16 CM. (6 IN.)
C6	0 CM. (0 IN.) *	0 CM. (0 IN.)
D	0 CM. (0 IN.) *	-121 CM. (-48 IN.)
D'	0 CM. (0 IN.) *	-106 CM. (-42 IN.)

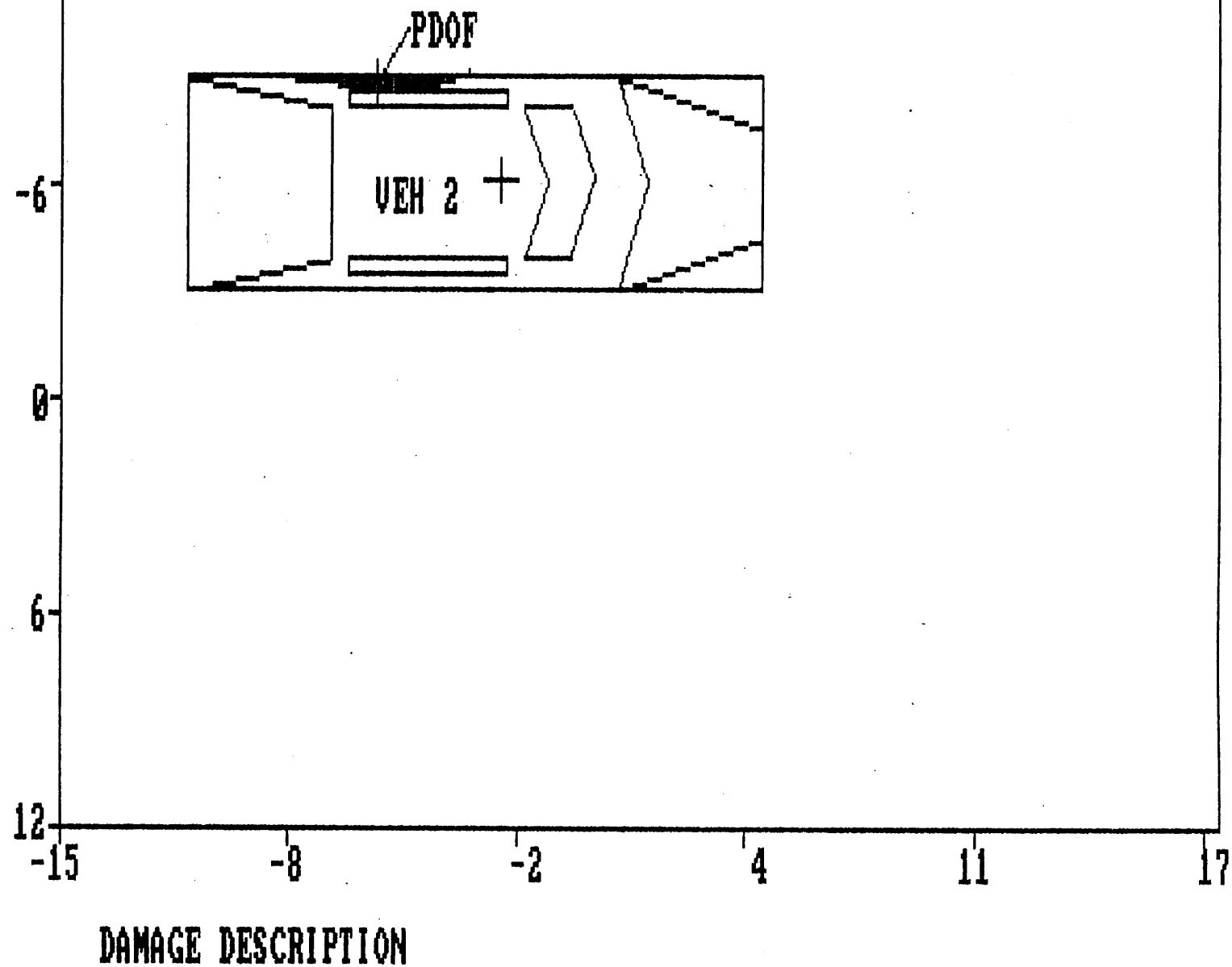
(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.)	130 CM. (51 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	141 CM. (56 IN.)
TRACK	127 CM. (50 IN.)	150 CM. (59 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	228 CM. (90 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-270 CM. (-106 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	92 CM. (36 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	13439 KGS (29628 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	4 KGS (9 LBS)

Printing Picture:

A:SCI9521



TRC VECTOR ANALYSIS ITERATIONS

The TRC Vector Analysis program was used to determine the resultant theoretical Direction of Principal Force (PDOF) for both vehicles. Heading angles were determined from a combination of the Police Accident Report, the scene, and the vehicle inspections and weights were obtained from original specifications and interviewees. Based on our inspection of the each vehicle's crush, this contractor initially estimated the PDOFs as +10 degrees for the case vehicle and -70 degrees for vehicle #2.

The driver of the case vehicle indicated in her interview that she was traveling about the posted SPEED LIMIT of 72 k.p.h. (45 m.p.h.), when she attempted to brake and steer right to avoid vehicle #2. Because of the case vehicle driver's definite realization of the impending impact and her right steering maneuver supported by the crush to the case vehicle, her speed at impact was most likely 56-64 k.p.h. (35-40 m.p.h.). The case vehicle driver indicated that vehicle #2 stopped in her lane, whereas the driver of vehicle #2 and the witnesses cited on the Police Accident Report indicate that vehicle #2 pulled out in front of the case vehicle. According to the driver of vehicle #2, he indicated that he never saw the case vehicle. Therefore, vehicle #2 most likely was going approximately 8-16 k.p.h. (5-10 m.p.h.) at impact.

Six iterations of vehicle speeds are shown below: 48-64 k.p.h. (30-40 m.p.h.) for the case vehicle and 8-16 k.p.h. (5-10 m.p.h.) for vehicle #2. The program indicates that as vehicle #2's speed increases, the force collinearity vector rotates from -60 degrees toward -50 degrees for vehicle #2 while moving between +5 and +10 degrees for the case vehicle. Iterations three and five most closely match the observed vehicle crush. Therefore, the impact speeds for the case vehicle and vehicle #2 are most likely 56 k.p.h. (35 m.p.h.) and 8 k.p.h. (5 m.p.h.), respectively. In accordance with NASS, CDS protocol, the PDOFs were assigned at +10 for the case vehicle and -60 for vehicle #2.

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: TRC/IU Case 95-21

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	①	
Ln. Axis Heading Angle	35	275		
CG Heading Angle	35	275		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	0		
Weight-Vehicle Curb Wt	1794	1412		
Weight-Passenger(s)	66	143		
Weight-Total	1862	1555		
Estimated Speed	64 (40)	8 (5) (mph)		
Momentum	119168	12440		
PDOF (Degrees)	5	-55	91	STM
PDOF (Clock Direction)	12	10		
Theoretical Delta V	31.1	37.2		
Theoretical Common Vel.		33.2	Post-Crash CG Heading	30

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: TRC/IU Case 95-21

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	②	
Ln. Axis Heading Angle	35	275		
CG Heading Angle	35	275		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	0		
Weight-Vehicle Curb Wt	1794	1412		
Weight-Passenger(s)	66	143		
Weight-Total	1862	1555		
Estimated Speed	64 (40)	16 (10) (mph)		
Momentum	119168	24880		
PDOF (Degrees)	9	-51	91	STM
PDOF (Clock Direction)	12	10		
Theoretical Delta V	33.4	40.0		
Theoretical Common Vel.		31.9	Post-Crash CG Heading	24

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: TRC/IU Case 95-21

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(3)	
Ln. Axis Heading Angle	35	275		
CG Heading Angle	35	275		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	0		
Weight-Vehicle Curb Wt	1794	1412		
Weight-Passenger(s)	66	143		
Weight-Total	1862	1555		
Estimated Speed	56 (35)	8 (5) (mph)		
Momentum	104272	12440		
PDOF (Degrees)	6	-54	77 /91	STM
PDOF (Clock Direction)	12	10		
Theoretical Delta V	27.5	32.9		
Theoretical Common Vel.		28.9	Post-Crash CG Heading	29

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum
Case Number: TRC/IU Case 95-21

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(4)	
Ln. Axis Heading Angle	35	275		
CG Heading Angle	35	275		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	0		
Weight-Vehicle Curb Wt	1794	1412		
Weight-Passenger(s)	66	143		
Weight-Total	1862	1555		
Estimated Speed	56 (35)	16 (10) mph		
Momentum	104272	24880		
PDOF (Degrees)	10	-50	77 /91	STM
PDOF (Clock Direction)	12	10		
Theoretical Delta V	29.8	35.7		
Theoretical Common Vel.		27.6	Post-Crash CG Heading	22

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU Case 95-21

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(5)	
Ln. Axis Heading Angle	35	275		
CG Heading Angle	35	275		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	0		
Weight-Vehicle Curb Wt	1794	1412		
Weight-Passenger(s)	66	143		
Weight-Total	1862	1555		
Estimated Speed	48 (30)	8 (5) (mph)		
Momentum	89376	12440		
PDOF (Degrees)	6	-54	91	STM
PDOF (Clock Direction)	12	10		
Theoretical Delta V	23.9	28.6		
Theoretical Common Vel.		24.5	Post-Crash CG Heading	28

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU Case 95-21

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(6)	
Ln. Axis Heading Angle	35	275		
CG Heading Angle	35	275		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	0		
Weight-Vehicle Curb Wt	1794	1412		
Weight-Passenger(s)	66	143		
Weight-Total	1862	1555		
Estimated Speed	48 (30)	16 (10) (mph)		
Momentum	89376	24880		
PDOF (Degrees)	12	-48	91	STM
PDOF (Clock Direction)	12	10		
Theoretical Delta V	26.3	31.4		
Theoretical Common Vel.		23.4	Post-Crash CG Heading	19

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and Police Accident Reported crash configurations. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a *"point-mass"*. It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle (*"Yaw"*), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the *"less established inputs"* in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inputs that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

Appendix D:

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9521

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 4 11 95

5. Time of Accident 0745

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use 0

7. 0 SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. 0 SS17 Impact Fires 0

9. 0 SS18 Unsafe Driver Actions 0

10. 0 SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 02

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>20</u>	15. <u>F</u>	16. <u>02</u>	17. <u>03</u>	18. <u>L</u>
19. <u>02</u>	20. <u>01</u>	21. <u>20</u>	22. <u>L</u>	23. <u>02</u>	24. <u>03</u>	25. <u>L</u>
26. <u>03</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|---|---|
| <p>(00) Not a motor vehicle</p> <p>(01) Subcompact/mini (wheelbase < 254 cm)</p> <p>(02) Compact (wheelbase ≥ 254 but < 265 cm)</p> <p>(03) Intermediate (wheelbase ≥ 265 but < 278 cm)</p> <p>(04) Full size (wheelbase ≥ 278 but < 291 cm)</p> <p>(05) Largest (wheelbase ≥ 291 cm)</p> <p>(09) Unknown passenger car size</p> <p>(14) Compact utility vehicle</p> <p>(15) Large utility vehicle (≤ 4,500 kgs GVWR)</p> <p>(16) Utility station wagon (≤ 4,500 kgs GVWR)</p> <p>(19) Unknown utility type</p> <p>(20) Minivan (≤ 4,500 kgs GVWR) <i>CV</i></p> <p>(21) Large van (≤ 4,500 kgs GVWR)</p> <p>(24) Van Based school bus (≤ 4,500 kgs GVWR)</p> <p>(28) Other van type (≤ 4,500 kgs GVWR)</p> <p>(29) Unknown van type (≤ 4,500 kgs GVWR)</p> <p>(30) Compact pickup truck (≤ 4,500 kgs GVWR)</p> | <p>(31) Large pickup truck (≤ 4,500 kgs GVWR)</p> <p>(38) Other pickup truck (≤ 4,500 kgs GVWR)</p> <p>(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)</p> <p>(45) Other light truck (≤ 4,500 kgs GVWR)</p> <p>(48) Unknown light truck type (≤ 4,500 kgs GVWR)</p> <p>(49) Unknown light vehicle type</p> <p>(50) School bus (excludes van based)(> 4,500 kgs GVWR)</p> <p>(58) Other bus (> 4,500 kgs GVWR)</p> <p>(59) Unknown bus type</p> <p>(60) Truck (> 4,500 kgs GVWR)</p> <p>(67) Tractor without trailer</p> <p>(68) Tractor-trailer(s)</p> <p>(78) Unknown medium/heavy truck type</p> <p>(79) Unknown light/medium/heavy truck type</p> <p>(80) Motored cycle</p> <p>(90) Other vehicle</p> <p>(99) Unknown</p> |
|---|---|
- v2: 106.0 → 269*

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|---|--|--|
| <p>CDS APPLICABLE
AND OTHER
VEHICLES</p> | <p>(O) Not a motor vehicle</p> <p>(N) Noncollision</p> <p>(F) Front</p> | <p>(R) Right side</p> <p>(L) Left side</p> <p>(B) Back</p> | <p>(T) Top</p> <p>(U) Undercarriage</p> <p>(9) Unknown</p> |
| <p>TDC
APPLICABLE
VEHICLES</p> | <p>(O) Not a motor vehicle</p> <p>(N) Noncollision</p> <p>(F) Front</p> <p>(R) Right side</p> | <p>(L) Left side</p> <p>(B) Back of unit with cargo area
(rear of trailer or straight truck)</p> <p>(D) Back (rear of tractor)</p> | <p>(C) Rear of cab</p> <p>(V) Front of cargo area</p> <p>(T) Top</p> <p>(U) Undercarriage</p> <p>(9) Unknown</p> |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|---|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <p>(31) Overturn — rollover (excludes end-over-end)</p> <p>(32) Rollover — end-over-end</p> <p>(33) Fire or explosion</p> <p>(34) Jackknife</p> <p>(35) Other intraunit damage (specify): _____</p> <p>(36) Noncollision injury</p> <p>(38) Other noncollision (specify): _____</p> <p>(39) Noncollision — details unknown</p> <p>Collision With Fixed Object</p> <p>(41) Tree (≤ 10 cm in diameter)</p> <p>(42) Tree (> 10 cm in diameter)</p> <p>(43) Shrubbery or bush</p> <p>(44) Embankment</p> <p>(45) Breakaway pole or post (any diameter)</p> <p>Nonbreakaway Pole or Post</p> <p>(50) Pole or post (≤ 10 cm in diameter)</p> <p>(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)</p> <p>(52) Pole or post (> 30 cm in diameter)</p> <p>(53) Pole or post (diameter unknown)</p> <p>(54) Concrete traffic barrier</p> <p>(55) Impact attenuator</p> <p>(56) Other traffic barrier (includes guardrail)
(specify): _____</p> | <p>(57) Fence</p> <p>(58) Wall</p> <p>(59) Building</p> <p>(60) Ditch or culvert</p> <p>(61) Ground</p> <p>(62) Fire hydrant</p> <p>(63) Curb</p> <p>(64) Bridge</p> <p>(68) Other fixed object (specify): _____</p> <p>(69) Unknown fixed object</p> <p>Collision with Nonfixed Object</p> <p>(70) Passenger car, light truck, van, or other vehicle not in-transport</p> <p>(71) Medium/heavy truck or bus not in-transport</p> <p>(72) Pedestrian</p> <p>(73) Cyclist or cycle</p> <p>(74) Other nonmotorist or conveyance</p> <p>(75) Vehicle occupant</p> <p>(76) Animal</p> <p>(77) Train</p> <p>(78) Trailer, disconnected in transport</p> <p>(79) Object fell from vehicle in-transport</p> <p>(88) Other nonfixed object (specify): _____</p> <p>(89) Unknown nonfixed object</p> <p>(98) Other event (specify): _____</p> <p>(99) Unknown event or object</p> |
|---|---|

Appendix E:

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9521

3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 96
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): Dodge 07

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): CARAVAN LE 442

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 20

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

LB4GP54R4TB

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and-Z)

No VIN—Code all zeros Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed 999

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit 072

(000) No statutory limit

Code posted or statutory speed limit
in kmph

(999) Unknown

45 mph X 1.6093 = 72 kmph

13. Police Reported Alcohol Presence For Driver 0

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver 96

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 0

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver 0

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin 1

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 3
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 4
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 2

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 1

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 01
(Prior To Recognition Of Critical Event)
(00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see
- Distractions*
(03) By other occupant(s), (specify): _____
(04) By moving object in vehicle (specify): _____
(05) While talking or listening to cellular phone (specify location and type of phone): _____
(06) While dialing cellular phone (specify location and type of phone): _____
(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____
(09) While using other device/object in vehicle (specify): _____
(10) Sleepy or fell asleep
(11) Distracted by outside person, object, or event (specify): _____
(12) Eating or drinking
(13) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other, distraction (specify): _____
(99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
(00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown
32. Critical Precrash Event 66
This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

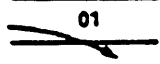



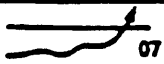
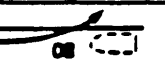



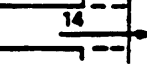
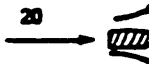
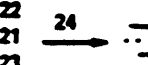
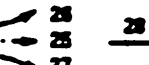
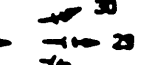




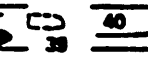
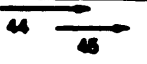
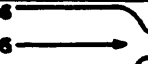


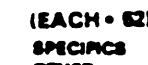



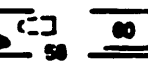

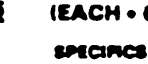



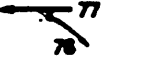
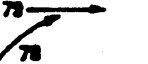



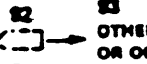

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

<p>33. Attempted Avoidance Maneuver <u>09</u></p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): _____ (99) Unknown</p> <p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): _____ (9) Precrash stability unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type <u>88</u></p> <p>(Note: Applicable codes on back of this page) (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): _____ (99) Unknown</p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 27	 25 DECEL. 26, 28, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 47 SPECIFICS OTHER	(EACH • 48) (EACH • 49) SPECIFICS OTHER SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	(EACH • 66) (EACH • 67) SPECIFICS OTHER SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 SPECIFICS OTHER	 88 SPECIFICS OTHER	(EACH • 90) (EACH • 91) SPECIFICS OTHER SPECIFICS UNKNOWN		
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1790
3956 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3956 lbs X .4536 = 1794 kgs

Source: _____

44. Vehicle Cargo Weight 0000
2 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
5 lbs X .4536 = 2 kgs

Source: Interviewee**ROLLOVER DATA**

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 03554. Heading Angle For Other Vehicle 275**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 11

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program
-damage only routine
(02) Reconstruction program
-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):
Case Vehicle in process of repair. Side impact V2
(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph
 and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

62. Energy Absorption

999.9 0 0

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

- 0
- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>3</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>2</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): <u>Being Repaired</u></p> <p>(3) Complete inspection</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>1</u> <u>0</u>	3. Vehicle Number	<u>0</u> <u>1</u>
2. Case Number - Stratum	<u>9</u> <u>5</u> <u>2</u> <u>1</u>		

VEHICLE IDENTIFICATION

VIN 1B4GP54R4TB Model Year 96
Vehicle Make (specify): DODGE Vehicle Model (specify): Grand CARAVAN LE

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	whole front end	BC to BC	UNK - C1?
02	Direct starts 52cm forward	65cm forward LR	
	of LR Axle.	Axle	

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 119.3 inches x 2.54 = 303 cm
 Overall Length 199.6 inches x 2.54 = 507 cm
 Maximum Width 75.6 inches x 2.54 = 192 cm
 Curb Weight 2,956 pounds x 0.4536 = 1,794.4 kg
 Average Track 63.5 inches x 2.54 = 161 cm
 Front Overhang inches x 2.54 = cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/displ. cc x 0.001 = 3.3 L
 V6 CID x 0.0164 = L

4-wheel antilock brakes

Shipping Weight 3,856
 Adjustment 100
 3,956

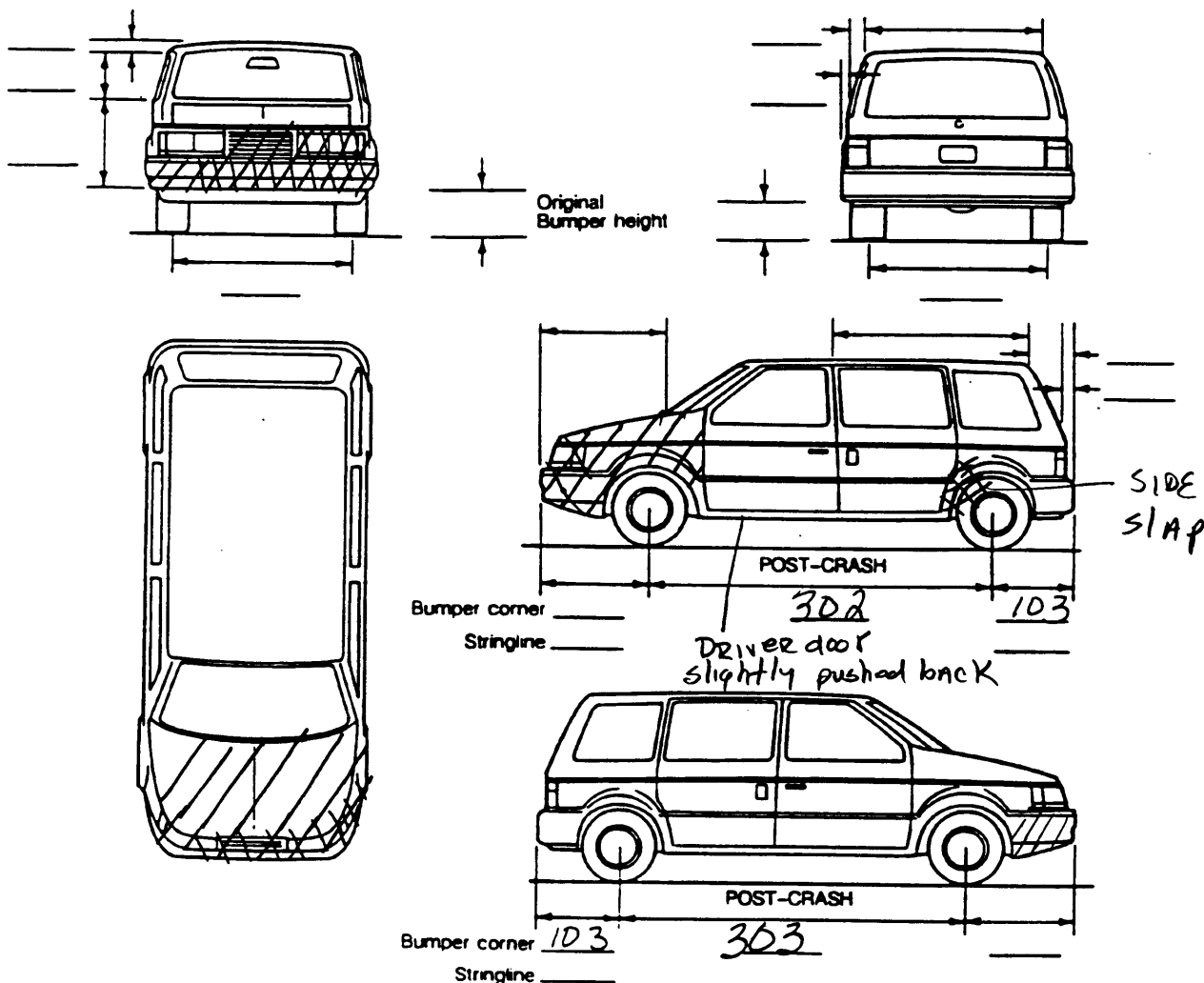
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} LE Color: {specify} Repair Cost: \$
 Transmission: {circle} Automatic Manual Speed: 3-speed | 4-speed | 5-speed | Other:
 Steering: {circle} Power-assisted Manual Type: rack-and-pinion | worm-and-gear | Other
 (please describe):
 Brakes: {circle} Power-assisted Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
ABS front disc, rear drum | Other:
 Observed Defects: {specify}
 Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
 (please describe):

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>303</u> cm Overall Length <u>507</u> cm Maximum Width <u>192</u> cm Curb Weight <u>1794</u> kg Average Track <u>161</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>3.3</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight _____ kg			

MEASUREMENTS IN CENTIMETERS



NOTES. Sketch new penmeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

DODGE Division Chrysler Corp.

Type of Body Pass. Cap.	Model	Dimensions			Ship. Wt.	Tax H.P.	Factory Price	Factory Del'd Price
		Wheel Base	Inches Lt. x Wt. x Ht.					
7-PS 4-dr MiniVan SE w/24T Grand Caravan FWD	NSHK52	113.3"	186.3" x 75.6" x 68.5"		3598	30.66	19,375	19,935
7-PS 4-dr MiniVan w/24T	NSKL53	119.3"	199.6" x 75.6" x 68.5"		3691	30.66	18,850	19,410
7-PS 4-dr MiniVan SE Grand Caravan AWD	NSKH53	119.3"	199.6" x 75.6" x 68.5"		3706	30.66		
7-PS 4-dr MiniVan SE		119.3"	199.6" x 75.6" x 68.5"		4133	30.66		

1996 Dodge Caravan V6 cyl 3.3 liter OHV SMPI Gas Engine(EGA)(12 valve)

Bore & Stroke 3.66"x3.19"; Tax H.P. 32.15; SAE H.P. 158@4850; Torque 203@3250; 201.5 cu.in., 3301 cc

Auto. Trans. 4-speed; EPA Mileage Estimate (FWD) 18/23 (AWD)

Caravan Sport FWD

7-PS 5-dr MiniVan SE w/28C Caravan FWD	NSKH52	113.3"	186.3" x 75.6" x 68.5"		3776	32.15	21,205	21,765
7-PS 5-dr MiniVan LE w/28J	NSKP52	113.3"	186.3" x 75.6" x 68.5"		3776	32.15	23,190	23,750
7-PS 5-dr MiniVan ES w/28M	NSKP52	113.3"	186.3" x 75.6" x 68.5"		3776	32.15	24,550	25,110
Grand Caravan FWD								
7-PS 4-dr MiniVan SE w/28B	NSKH53	119.3"	199.6" x 75.6" x 68.5"		3856	32.15	20,880	21,440
7-PS 4-dr MiniVan LE w/28J	NSKP53	119.3"	199.6" x 75.6" x 68.5"		3856	32.15	23,680	24,240
7-PS 4-dr MiniVan ES w/28M	NSKP53	119.3"	199.6" x 75.6" x 68.5"		4006	32.15	25,490	26,050
Grand Caravan AWD								
7-PS 4-dr MiniVan SE		119.3"	199.6" x 75.6" x 68.5"		4133	32.15		
7-PS 4-dr MiniVan LE		119.3"	199.6" x 75.6" x 68.5"		4252	32.15		

1996 Dodge Caravan V6 cyl 3.8 liter OHV SMPI Gas Engine(EGH)(12 valve)

Bore & Stroke 3.779"x3.425"; Tax H.P. 34.27; SAE H.P. 166@4300; Torque 227@3100; 230.5 cu.in., 3778 cc

Auto. Trans. 4-speed; EPA Mileage Estimate (FWD) 17/22 (AWD) 16/21

Caravan FWD

7-PS 5-dr MiniVan LE w/29K	NSKP52	113.3"	186.3" x 75.6" x 68.5"		3875	34.27	24,185	24,745
7-PS 5-dr MiniVan ES w/29M	NSKP52	113.3"	186.3" x 75.6" x 68.5"		3875	34.27	24,855	25,415
Grand Caravan FWD								
7-PS 4-dr MiniVan LE w/29K	NSKP53	119.3"	199.6" x 75.6" x 68.5"		4158	34.27	24,675	25,235
7-PS 4-dr MiniVan ES w/29M	NSKP53	119.3"	199.6" x 75.6" x 68.5"		4158	34.27	25,795	26,355
Grand Caravan AWD								
7-PS 4-dr MiniVan SE		119.3"	199.6" x 75.6" x 68.5"		4041	34.27		
7-PS 4-dr MiniVan LE		119.3"	199.6" x 75.6" x 68.5"		4158	34.27		

Options Dodge Caravan: Destination Charges-\$560; V6 cyl 3.0 liter SOHC SMPI Gas Engine(EFA) (Base)-\$770; V6 cyl 3.3 liter OHV SMPI Gas Engine(EGA) (SE)-\$815 (LS&SE)-std; V6 cyl 3.8 liter OHV SMPI Gas Engine(EGH) (LE&SE)-\$305; Auto. Trans. 4-speed (Base & SE)-\$200 (LE & ES)-std; Air Conditioning(option code S&A)-\$860 (all others)-std; Sunscreen Glass-\$450 (Sport, LE&SE)-std; Rear Heat/Air Conditioning (Grand)-\$955/1130 (LE&SE)-\$405/470; Speed Control & Tilt Wheel-\$435 w/door locks-\$750 (LE & ES)-std; Power Locks (Base & SE)-\$315 (LE & ES)-std; Keyless Remote Entry (Base & SE)-\$235 (ES)-std; Security Alarm-\$385 (LE&SE)-\$150; Seating(7-PS)w/Child Seat (Base)-\$285 Deluxe(SE, LE & LX & Grand)-\$225 w/Quad-\$575 w/Leather-\$890; Wheels (15" AL)-\$370 w/anti-rattle Group-\$430; Trailer Tow (Group 2) (Grand LE & ES) FWD-\$445 AWD-\$375; AM/FM Stereo w/cassette (Base)-\$170 (SE, LE & ES)-std w/CD(LE & ES)-\$335; Anti-Lock Brakes (Base & SE)-\$690 (LE & LX & Grand)-\$600; Decor Group (SE)-\$750 (Sport)-\$800; Defroster Rear Window-\$195/230 (Sport)-std; Power Door locks-\$315 (LE&SE)-std; Door Sliding Driver-\$450; Emission (Calif & Mass)-\$105; Paint (Extra Cost)-\$100; Luggage Rack-\$145; Leather Seats (LE & LX)-\$865; Option Pkg Base (22S)-Std (22T)-605(24T)-\$1375SE (23A)-std (24A)(Credit)-\$250 (23B)-\$470 (24B)-\$220 (28C)-\$2350 (24D)-\$1710 (28D)-\$2005 (28E)-\$3070 LE (24J)-Std (28K)-\$690 (29K)-\$995 ES (28M)-\$835 (29M)-\$1140 Grand Base FWD (22S)-std (22T)-255 (26T)-\$1025 Grand SE (23A)-\$std (23B)-\$470 (28B)-\$1285(28D)-\$2005 Grand LE (28J)-std (28K)-\$690 (29K)-\$995 Grand ES FWD (28M)-\$1285 (29M)-\$1590

1996 Dodge Intrepid FWD V6 cyl 3.3 liter OHV SMPI Gas Engine(EGB)(12 valve)

Bore & Stroke 3.661"x3.189"; Tax H.P. 32.17; SAE H.P. 161@5300; Torque 181@3200; 201.5 cu.in., 3300 cc

Auto. Trans. 4-speed; EPA Mileage Estimate 20/28

5-PS 4-dr Sedan w/22C	LHDH41	113.0"	201.7" x 74.4" x 56.3"		3311	32.17	18,445	18,995
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1996 Dodge Intrepid FWD V6 cyl 3.5 liter SOHC SMPI Gas Engine(EGE)(24 valve)

Bore & Stroke 3.779"x3.189"; Tax H.P. 34.27; SAE H.P. 214@5850; Torque 221@3100; 214.7 cu.in., 3518 cc

Auto. Trans. 4-speed; EPA Mileage Estimate 18/26

5-PS 4-dr Sedan ES w/26L	LHDP41	113.0"	201.7" x 74.4" x 56.3"		3478	34.27	22,260	22,810
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Options Dodge Intrepid: Destination Charges-\$550; Air Conditioning-std w/Auto Temp Control-\$155; Brakes 4-wheel w/ABS-\$625 (ES)-std; Child Seat-\$100; Console (Overhead)-\$296 ES-\$378; Power Door Locks-\$250; Emission (Calif & Mass)-\$105; Paint (Extra Cost)-\$100 (Bright Metallic)-\$200; MoonRoof Power -\$1015 ES-\$1094/720; AM/FM Stereo (Infinity Spatial)w/cassette-\$350 w/CD-\$600; Driver & Passenger 8-way Power Seats-\$380 w/leather-\$1015; Security Alarm-\$150; Traction Control-\$175; Option Pkg Base (22C)-Std (22D)-\$1235 ES (26L)-Std (26M)-\$1125

1996 Neon FWD 4 cyl 2.0 liter SOHC SMPFI Gas Engine(ECB)(16 valve)

Bore & Stroke 3.445"x3.278"; Tax H.P. 18.93; SAE H.P. 132@6000; Torque 129@5000; 121.8 cu.in., 1996 cc

Man. Trans. 5-speed; EPA Mileage Estimate 29/38

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
 (32) Rollover—end-over-end
 (33) Fire or explosion
 (34) Jackknife
 (35) Other intraunit damage (specify): _____

(36) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
 (42) Tree (> 10 cm in diameter)
 (43) Shrubbery or bush
 (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
 (71) Medium/heavy truck or bus not in-transport
 (72) Pedestrian
 (73) Cyclist or cycle
 (74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	02	10	—	E	D	E	W	99
02	02	90	—	L	B	E	W	01
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>99</u>	7. <u>9</u>	8. <u>9</u>	9. <u>9</u>	10. <u>9</u>	11. <u>99</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>02</u>	14. <u>09</u>	15. <u>L</u>	16. <u>B</u>	17. <u>E</u>	18. <u>W</u>	19. <u>01</u>
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
							+
							-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
							+
							-

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 999
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 999
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 303
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 161
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>4</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	(3) Aft of center of the rear wheels (rear axle) on right side plane	
(0) Not towed due to vehicle damage		(4) Forward of center of the rear wheels (rear axle) on left side plane	
(1) Towed due to vehicle damage		(5) Forward of center of the rear wheels (rear axle) on right side plane	
(9) Unknown		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	(8) Other (specify): _____	
(0) No post manufacturer modifications		(9) Unknown	
(1) Yes - post manufacturer modifications (specify): _____			
_____		37. Type of Fuel Tank-1	<u>2</u>
(Include photograph of CERTIFICATION PLACARD in case report)		38. Type of Fuel Tank-2	<u>0</u>
(9) Unknown if vehicle is modified		(0) No fuel tank (electrical vehicle)	
		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
FIRE OCCURRENCE		39. Location of Fuel Tank-1	<u>5</u>
33. Fire Occurrence	<u>0</u>	40. Location of Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) Aft of center of the rear wheels (rear axle) centered	
(1) Minor		(2) Aft of center of the rear wheels (rear axle) left side	
(2) Major		(3) Aft of center of the rear wheels (rear axle) right side	
(9) Unknown		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
34. Origin of Fire	<u>0</u>	(6) Forward of center of the rear wheels (rear axle) right side	
(0) No fire		(7) Over center of the rear wheels (rear axle)	
(1) Vehicle exterior (front, side, back, top)		(8) Other (specify): _____	
(2) Exhaust system		(9) Unknown	
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment		41. Damage to Fuel Tank-1	<u>1</u>
(5) Cargo/trunk compartment		42. Damage to Fuel Tank-2	<u>0</u>
(6) Instrument panel		(0) No fuel tank	
(7) Passenger compartment area		(1) No damage to fuel tank	
(8) Other location (specify): _____		(2) Deformed, no seam failure	
(9) Unknown		(3) Deformed, with a seam failure	
		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00**Single Fuel Type**

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9521

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 2

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

Note: Sketch intruded areas

Note: Sketch intruded areas

[illegible]

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—	NO DEFORMATION	=	
--	---	----------------	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

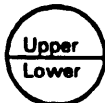
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
 3,702 miles X 1.6093 = 5,958 kilometers

Source: Repair Estimate

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify):
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

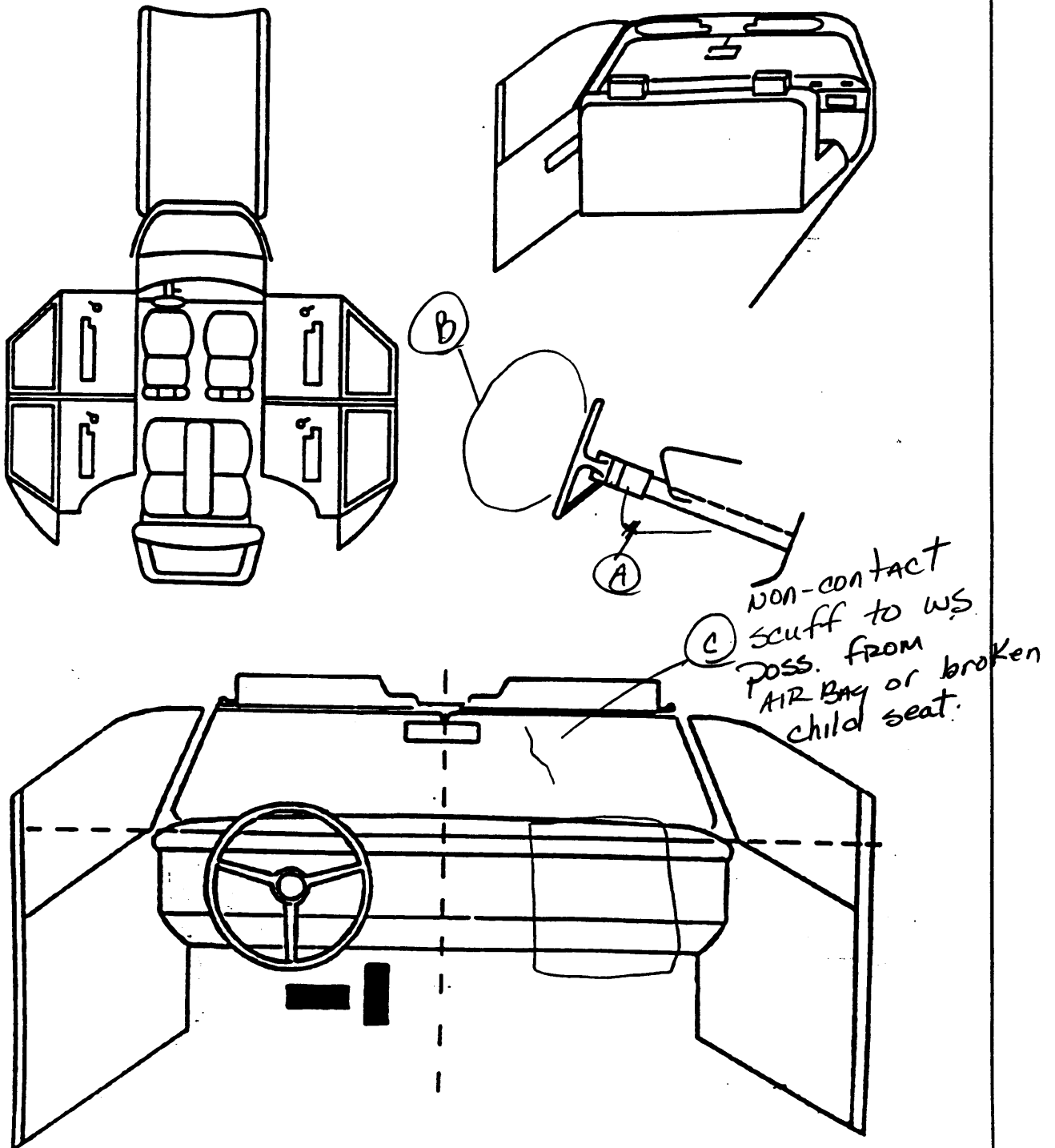
97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
 [] Hand controls for braking/acceleration
 [] Steering control devices (attached to OEM steering wheel)
 [] Steering knob attached to steering wheel
 [] Low effort power steering (unit or device)
 [] Replacement steering wheel (i.e., reduced diameter)
 [] Joy-stick steering controls
 [] Wheelchair tie-downs
 [] Modification to seat belts (specify):
 [] Additional or relocated switches (specify):
 [] Raised roof
 [] Wall-mounted head rest (used behind wheelchair)
 [] Other adaptive device (specify):

- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	007	1	(R) Knee	scuff	2
B	170	1	FACE	makeup	1
C	001		N/A	scuff to windshield	3
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4		4
	Evidence of usage	04		04
	Used in this crash?	04		04
	Proper Use	1		1
	Failure Modes	1		1
	Anchorage Adjustment	3		4
S E C O N D	Availability	4		4
	Evidence of usage	04		04
	Used in this crash?	00		00
	Proper Use	0		0
	Failure Modes	0		0
	Anchorage Adjustment	2		4
O T H E R	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/	/	0
	Deployment	/	/	0
	Failure	/	/	0

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

(0) Not equipped with an "other" air bag

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	2	Bottom
Air bag have vent ports?	1	1
Other occupant contact air bag?	1	1
Occupant wearing eyewear?		1

BIAS

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

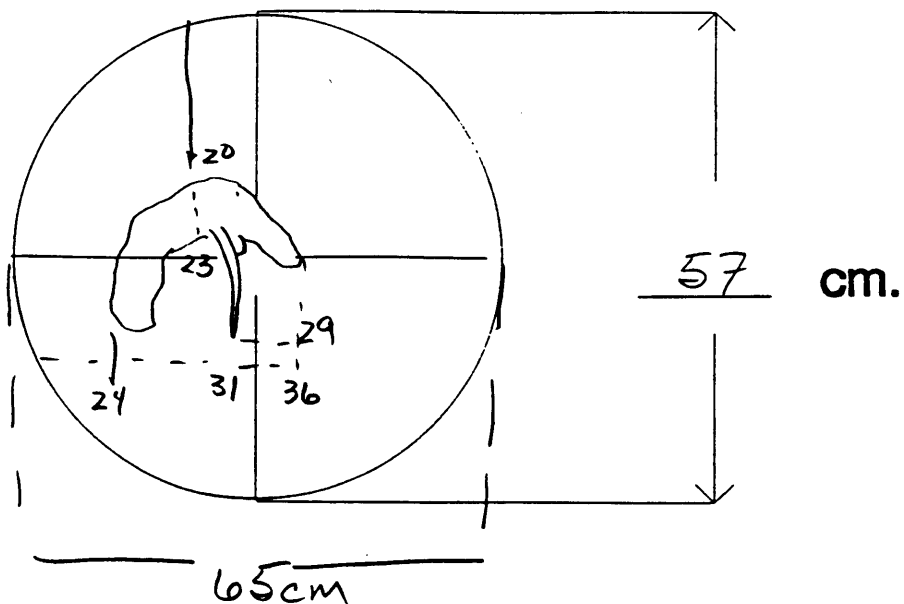
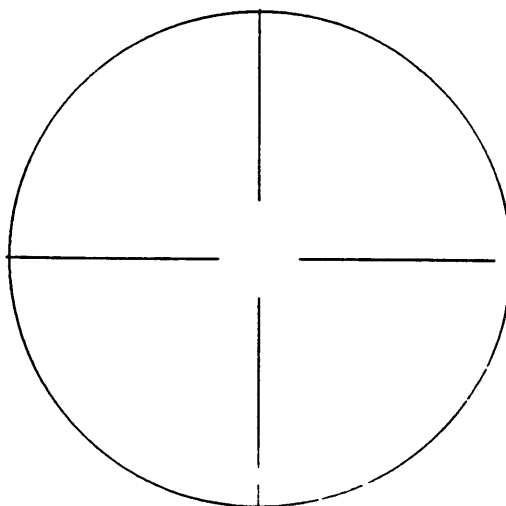
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

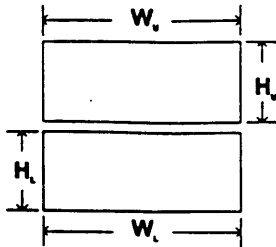
b. Lower Flap

width (W_U) 18

width (W_L) 18

height (H_U) 3

height (H_L) 8



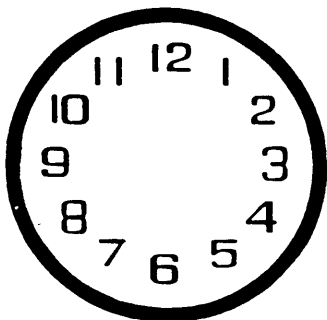
4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

N/A

5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

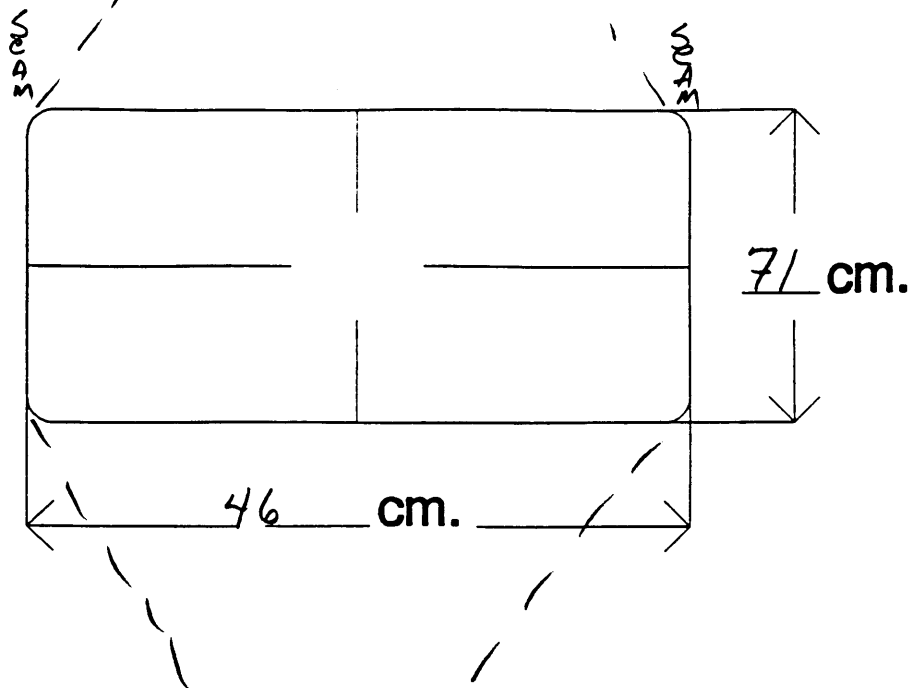
6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

N/A

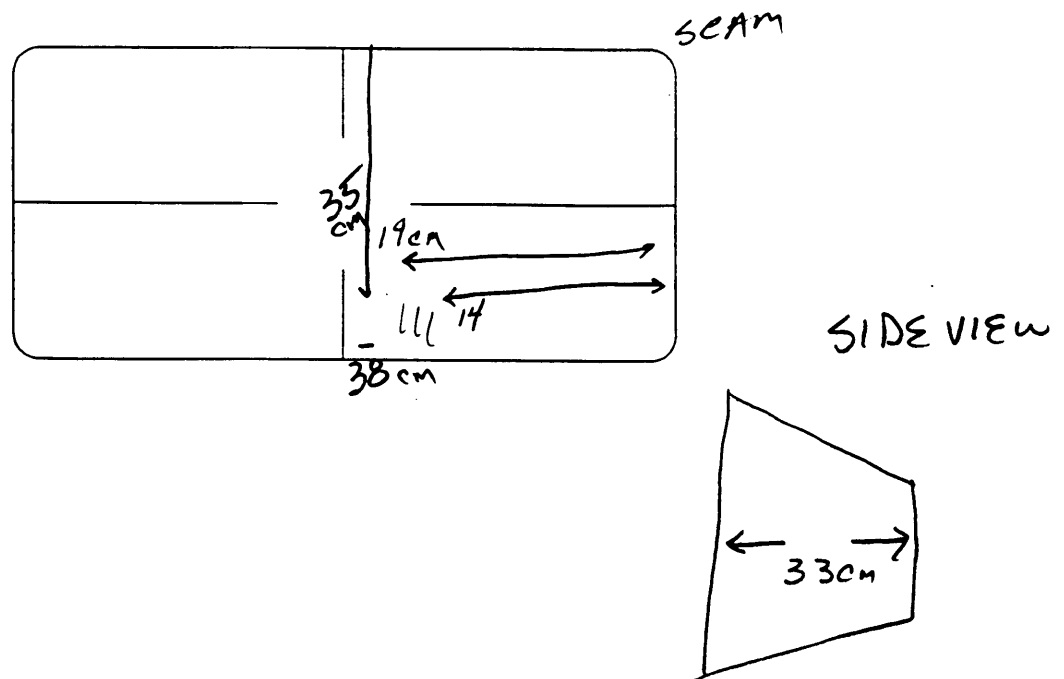


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



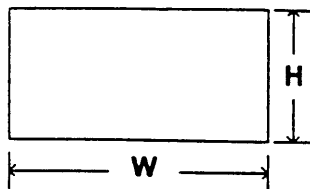
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

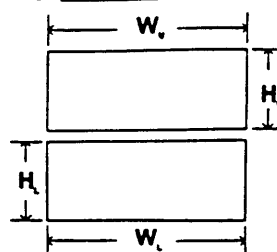
b. Lower Flap

width (W_u) 19cm

width (W_l) 19cm

height (H_u) 6cm

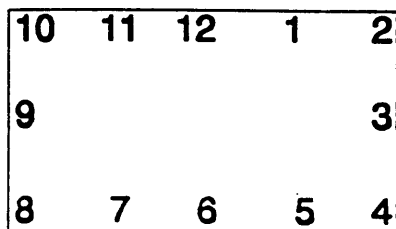
height (H_l) 6cm



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



N/A

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

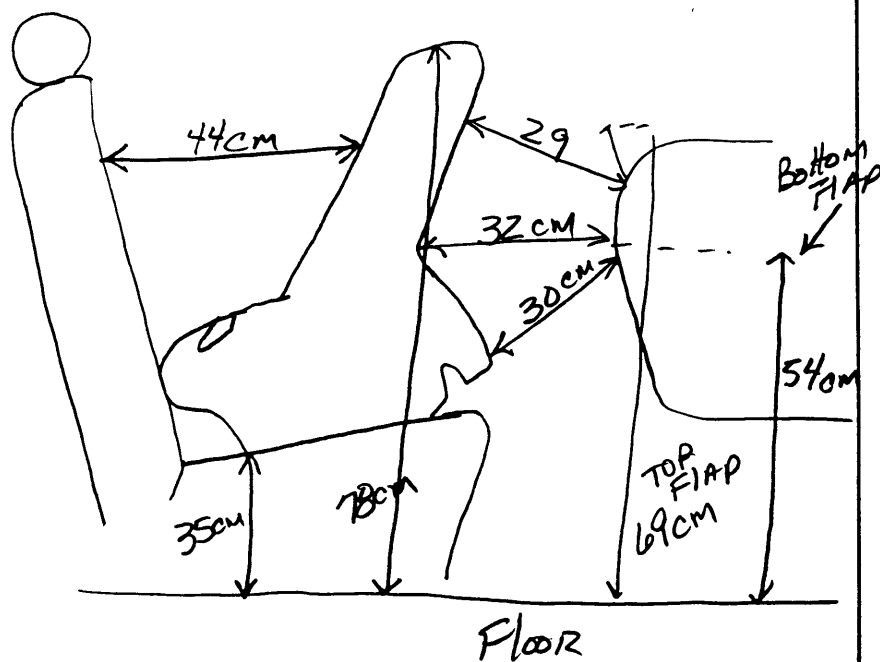
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

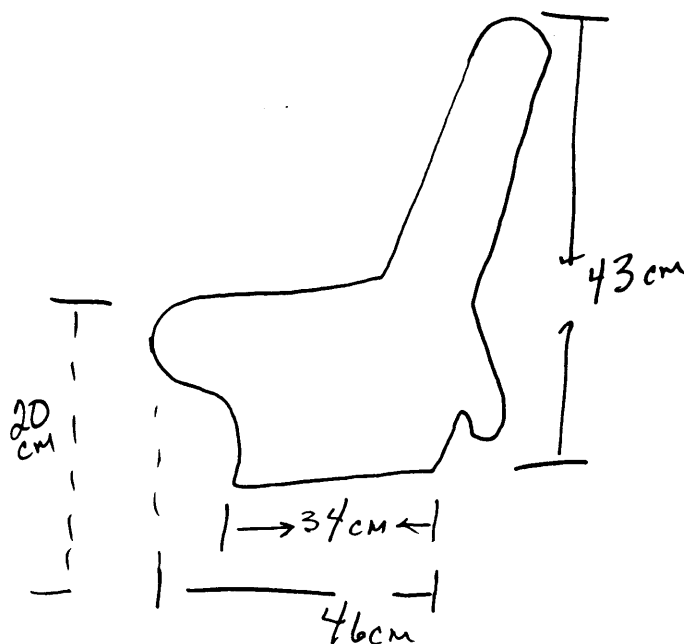
"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

Fisher-Price
MODEL
CO [REDACTED]
Infant car seat



4. SKETCH AIR BAG VENT PORTS



HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	02		02
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position	5		6
	Seat Back Incline Pre/Post Impact	14		14
SECOND	Head Restraint Type/Damage	3	0	3
	Seat Type	05		05
	Seat Performance	0		0
	Seat Orientation	1		1
	Seat Track Position	1		1
	Seat Back Incline Pre/Post Impact	14		14
THIRD	Head Restraint Type/Damage	3	0	3
	Seat Type	05	05	05
	Seat Performance	0	0	0
	Seat Orientation	1	1	1
	Seat Track Position	3	3	3
	Seat Back Incline Pre/Post Impact	14	14	14
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

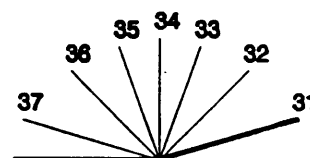
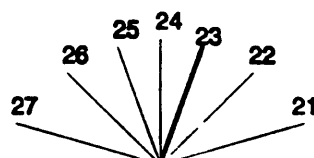
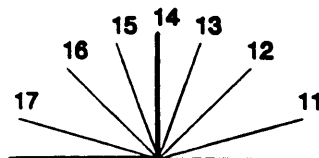
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02					
1. Type of Child Safety Seat	1					
2. Child Safety Seat Orientation	01					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	12					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):
 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

2. Child Safety Seat Orientation
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used


Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

Fisher - Price

MODEL 

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

Appendix F:

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

Left justify; Slash zeros and letter Z (0 and-Z)
No VIN—Code all zeros Unknown—Code all nines

9. Vehicle Special Use (This Trip)

(0) No special use

(1) Taxi

(2) Vehicle used as school bus

(3) Vehicle used as other bus

(4) Military

(5) Police

(6) Ambulance

(7) Fire truck or car

(8) Other (specify):

(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage

(1) Towed due to vehicle damage

(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

mph X 1.6093 = kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit
in kmph

(999) Unknown

mph X 1.6093 = kmph

13. Police Reported Alcohol Presence For Driver

(0) No alcohol present

(1) Yes alcohol present

(7) Not reported

(8) No driver present

(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)

(95) Test refused

(96) None given

(97) AC test performed, results unknown

(98) No driver present

(99) Unknown

Source:

15. Police Reported Other Drug Presence For
Driver

(0) No other drug(s) present

(1) Yes other drug(s) present

(7) Not reported

(8) No driver present

(9) Unknown

16. Other Drug Specimen Test Result For Driver

(0) No specimen test given

(1) Drug(s) not found in specimen

(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained

(8) No driver present

(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present

(99999) Unknown

18. Driver's Race/Ethnic Origin

(1) White (non-Hispanic)

(2) Black (non-Hispanic)

(3) White (Hispanic)

(4) Black (Hispanic)

(5) American Indian, Eskimo or Aleut

(6) Asian or Pacific Islander

(7) Other (specify):

(8) No driver present

(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
- (0) Non-interchange area and non-junction
 - (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

- (5) Unknown type of junction _____

- (9) Unknown

20. Trafficway Flow 0
- (0) Not physically divided (two way traffic)
 - (1) Divided trafficway-median strip without positive barrier
 - (2) Divided trafficway-median strip with positive barrier
 - (3) One way traffic
 - (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

22. Roadway Alignment 1

- (1) Straight *In segment just prior to crash*
- (2) Curve right
- (3) Curve left
- (9) Unknown

23. Roadway Profile 1

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): _____
- (9) Unknown

25. Roadway Surface Condition 2

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 1

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions 1

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

28. Traffic Control Device 2

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)

- (7) Unknown sign

- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 02
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone
 (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location
 and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/object in vehicle
 (specify): _____
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event
 (specify): _____
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to
 Recognition of Critical Event) 04
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous
 critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 17
This Vehicle Loss of Control Due To:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off)
 (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew
 up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.)
 (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady
 speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor
 vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
 lane line
 (61) From adjacent lane (same direction)—over right
 lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same
 direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite
 direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details
 unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

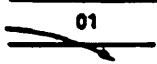

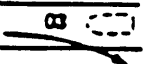


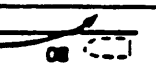
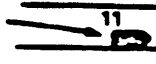


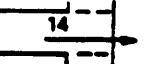
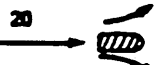
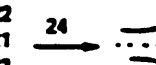
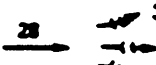



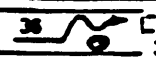

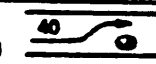


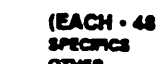

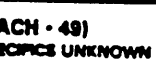
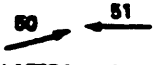














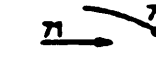



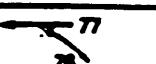
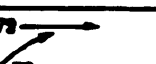
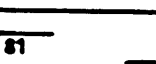
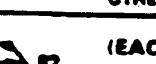
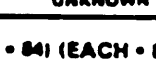
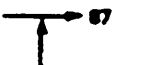


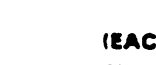

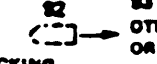
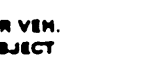
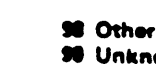


- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway
 (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching
 roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown
 location (specify): _____

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>01</u></p> <p>(00) No driver present</p> <p>(01) No avoidance maneuver</p> <p>(02) Braking (no lockup)</p> <p>(03) Braking (lockup)</p> <p>(04) Braking (lockup unknown)</p> <p>(05) Releasing brakes</p> <p>(06) Steering left</p> <p>(07) Steering right</p> <p>(08) Braking and steering left</p> <p>(09) Braking and steering right</p> <p>(10) Accelerating</p> <p>(11) Accelerating and steering left</p> <p>(12) Accelerating and steering right</p> <p>(98) Other action (specify): _____</p> <p>(99) Unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present</p> <p>(1) Stayed in original travel lane</p> <p>(2) Stayed on roadway but left original travel lane</p> <p>(3) Stayed on roadway, not known if left original travel lane</p> <p>(4) Departed roadway</p> <p>(5) Remained off roadway</p> <p>(6) Returned to roadway</p> <p>(7) Entered roadway</p> <p>(9) Unknown</p>
<p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present</p> <p>(1) Tracking</p> <p>(2) Skidding longitudinally—rotation less than 30 degrees</p> <p>(3) Skidding laterally—clockwise rotation</p> <p>(4) Skidding laterally—counterclockwise rotation</p> <p>(7) Other vehicle loss-of-control (specify): _____</p> <p>(9) Precrash stability unknown</p>	<p>36. Accident Type <u>89</u></p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact</p> <p>Code the number of the diagram that best describes the accident circumstance</p> <p>(98) Other accident type (specify): _____</p> <p>(99) Unknown</p>

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 27	 26 DECEL. 28, 29, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	41 SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 48 SPECIFICS OTHER	 49 SPECIFICS OTHER	 50 SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS OTHER	 53 SPECIFICS OTHER	 54 SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	61 SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS OTHER	 67 SPECIFICS OTHER	 68 SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 69 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	 74 SPECIFICS OTHER	 75 SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	 82 SPECIFICS OTHER	 83 SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 SPECIFICS OTHER	 88 SPECIFICS OTHER	 89 SPECIFICS OTHER	 90 SPECIFICS OTHER	 91 SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 94 OTHER ACCIDENT TYPE	 95 UNKNOWN ACCIDENT TYPE	 96 NO IMPACT

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1400
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1411 kgs
 Source: _____

44. Vehicle Cargo Weight 0.000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify): _____

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 275
54. Heading Angle For Other Vehicle 035

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted <45 degrees
- (4) Tilted ≥45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify): _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 11

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program -damage only routine
- (02) Reconstruction program -damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):
Case Vehicle was being repaired
Vehicle #2's impact was to side
- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph
 and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

9999.9 00

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction 0
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

01212 Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES ☒ NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V

VEHICLE INSPECTION

66. Estimated Highest Delta V (Researcher Determined)

3

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe

(9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify):

- (3) Complete inspection

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u>1</u> <u>0</u>
2. Case Number - Stratum	<u>9</u> <u>5</u> <u>2</u> <u>1</u>
3. Vehicle Number	<u>0</u> <u>1</u>

VEHICLE IDENTIFICATION

VIN 1MEBM5340KG _____ Model Year 89
Vehicle Make (specify): MERCURY Vehicle Model (specify): Sable LS

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	start 98cm forward L axle	L B-Pillar REARWARD	120cm forward L axle
02	BC OVER 10cm		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 106.0 inches x 2.54 = 269 cm
 Overall Length 192.2 inches x 2.54 = 488 cm
 Maximum Width 70.8 inches x 2.54 = 180 cm
 Curb Weight 3,112 pounds x 0.4536 = 1,412 kg
 Average Track ^{61.6}_{60.5} } 61.1 inches x 2.54 = 155 cm
 Front Overhang 41.3 inches x 2.54 = 105 cm
 Rear Overhang 46.5 inches x 2.54 = 118 cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/displ. cc x 0.001 = L
 V6 182 CID x 0.0164 = 3.0 L

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: (specify) LS Color: (specify) Brown Repair Cost: \$ Total

Transmission: (circle) Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other: w/OD

Steering: (circle) Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
(please describe):

Brakes: (circle) Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
front disc, rear drum | Other:

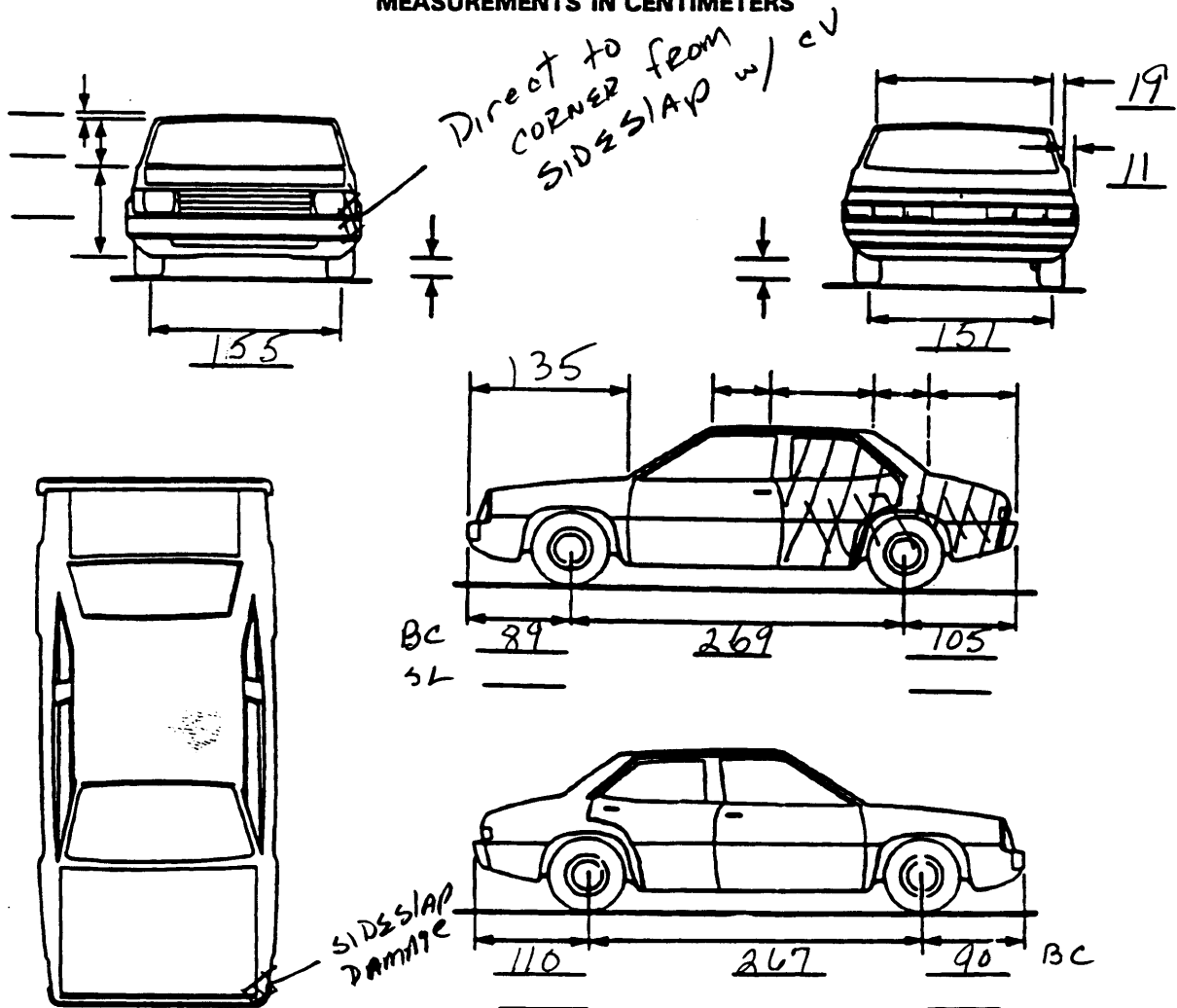
Observed Defects: (specify)

Fleet Type: (circle) Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
(please describe):

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>1</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>269</u> cm Overall Length <u>488</u> cm Maximum Width <u>180</u> cm Curb Weight <u>1412</u> kg Average Track <u>155</u> cm Front Overhang <u>105</u> cm Rear Overhang <u>118</u> cm Undeformed End Width <u>N/A</u> cm Engine Size: cyl./displ. <u>V6 3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK

FORD Motor Co., The American Road, ~~Dearborn, Michigan 48106~~

Type of Body Pass. Cap.	Model	O'r-all Length	Ship. WL	Cu. Ft. Vol.	Factory List Pr.	Factory Del'd Pr.
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1989

TOPAZ LTS (FWD)—99.9" w.b., (HSO)

5-Ps. 4-dr. Sedan	54D/HVE	177.0"	2,588	370.0	\$11,980.00	\$12,405.00
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TOPAZ Options: Engine, 2.3 L. (HSO) 4-Cyl. (141) EFI Gas, 161 lbs.; Transaxle, 3-Spd. Auto. (FLC), 48 lbs.; \$515; Air Conditioning, 48 lbs.; \$788; Radio: Delete, -12 lbs.; GS - \$245; LS - \$382; Power Lock Group, 8 lbs.; Power Side Windows, 15 lbs.; \$296; Power Seat, 12 lbs.; \$251; Speed Control, 5 lbs.; \$182; Tilt Wheel, 2 lbs.; \$124; Air Bag, -16 lbs.; Less \$815—GS; \$822—LS & LT; Power Lock Group, 8 lbs.; GS—2-dr., \$237; 4-dr., \$288; XRS—2-dr., \$156.

MUSTANG (RWD) LX Models, 2.3 L., 4-Cyl. (140) EFI Gas (USA/Ford) (Aug. 1, 1988)
Bore & Stroke 3.78" x 3.12"; Tax. H.P. 22.86; P.D. 140 cu. in., 2.3 Liters

MUSTANG LX (RWD) 100.5" w.b., 5-Spd. Manual O.D. Trans.

4-Ps. 2-dr. Sedan (RWD)	66B/HVS	179.6"	2,637	374.0	\$9,050.00	\$9,450.00
4-Ps. 2-dr. Convertible	66B/HVS (B2L)	179.6"	2,849	374.0	14,140.00	14,540.00
4-Ps. 2-dr. Hatchback	61B/HVS	179.6"	2,702	374.0	9,556.00	9,956.00

MUSTANG LX (RWD) 5.0 L. LX Models, 8-Cyl. (302) EFI Gas Eng. (Ford) (Aug. 1, 1988)

MUSTANG (RWD) 100.5" w.b., 5-Spd. Manual O.D. Trans.

4-Ps. 2-dr. Sedan (Sport)	66B/HVS	179.6"	2,917	374.0	\$11,410.00	\$11,810.00
4-Ps. 2-dr. Conv. (Sport)	66B/HVS/B2L	179.6"	3,129	374.0	17,001.00	17,401.00
4-Ps. 2-dr. Hatchback (Sport)	61B/HVS	179.6"	2,982	374.0	12,265.00	12,665.00

MUSTANG GT (RWD), 5.0 L., HO, 8-Cyl. (302) EFI Gas Eng. (Ford) (Aug. 1, 1988)
Bore & Stroke 4.00" x 3.00"; Tax. H.P. 51.2; P.D. 302 cu. in., 5.0 Liters

MUSTANG GT (RWD) 100.5" w.b., 4-Spd. Auto. O.D. Trans.

4-Ps. 2-dr. Convertible	66B/HVB/B2L	179.6"	3,205	374.0	\$17,512.00	\$17,912.00
4-Ps. 2-dr. Hatchback	61B/HVB	179.6"	3,076	374.0	13,272.00	13,672.00

MUSTANG Options: Air Conditioning, Manual, 39 lbs.; \$788; 4-Spd. Auto., 36 lbs.; \$515; Defroster, 1 lb.; \$145; Radio: AM/FM Stereo/Cassette/Clock, 2 lbs.; \$137; Delete Radio, -9 lbs.; Less \$109; Power Lock Group, 9 lbs.; \$237; Power Windows, 6 lbs.; \$222; Sport Seats, 19 lbs.; \$780; Tilt Wheel, 2 lbs.; \$124; Speed Control, 7 lbs.; \$182.

TAURUS, 2.5 L., 4-Cyl. (153) EFI Gas Eng. (Ford) (Aug. 1, 1988)
Bore & Stroke 3.7" x 3.6"; Tax. H.P. 21.9; P.D. 153 cu. in., 2.5 Liter

TAURUS L—100.6" w.b., 3-Spd. Auto. Trans.

6-Ps. 4-dr. Sedan	54/HVS	188.4"	2,781	419.2	\$11,778.00	\$12,228.00
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TAURUS GL—100.6" w.b., 3-Spd. Auto. Trans.

6-Ps. 4-dr. Sedan	54/HVD	188.4"	2,949	419.2	\$12,202.00	\$12,652.00
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TAURUS 3.0 L., 6-Cyl. (182) EFI Gas Eng. (Ford) (Oct. 6, 1988)
Bore & Stroke 3.5" x 3.1"; Tax. H.P. 26.04; P.D. 182 cu. in., 3.0 Liter

TAURUS L/GL/LX, 100.6" w.b.

6-Ps. 4-dr. L Wagon, 3-Spd. Aut.	74/HVS	191.9"	3,652	433.2	\$13,143.00	\$13,593.00
6-Ps. 4-dr. GL Wag., 3-Spd. Aut.	74/HVD	191.9"	3,069	433.2	13,544.00	13,994.00
6-Ps. 4-dr. LX Sdn., 4-Spd. Aut.	54/HVB	188.4"	2,956	419.2	15,282.00	15,732.00
6-Ps. 4-dr. LX Wag., 4-Spd. Aut.	74/HVB	191.9"	3,100	433.2	16,524.00	16,974.00
5-Ps. 4-dr. SHO Sedan	54/HVE	188.4"	2,958	419.2	19,739.00	20,189.00

TAURUS L, GL, LX, 3.8 L., 6-Cyl. (232) SEFI Gas Eng. (Ford) (Aug. 1, 1988)
Bore & Stroke 3.8" x 3.4"; Tax. H.P. 34.66; P.D. 232 cu. in., 3.8 Liter

TAURUS L, GL, LX—100.6" w.b., 4-Spd. Auto. Trans. O.D. (Dec. 26, 1988)

6-Ps. 4-dr. LX Wagon	74/HVB	188.4"	3,159	433.2	\$16,524.00	\$16,974.00
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TAURUS Options: Radio, AM/FM/MPI/Cassette, 6 lbs.; \$137; Air Conditioning, 48 lbs.; \$788; Temp. Control, 53 lbs.; SNA; Tilt Wheel, 1 lb.; \$124; Power Equip. Group, 8 lbs.; SNA; Power Windows, 10 lbs.; \$296; Power Seat, 10 lbs.; \$251; 3rd Seat, Wagon, 20 lbs.; \$155; Moonroof, 42 lbs.; \$741; Speed Control, 4 lbs.; \$182; Keyless Entry System, 13 lbs.; \$202.

MERCURY SABLE—FWD, 3.0 L., 6-Cyl. (182) EFI Gas Eng. (Ford) (Aug. 1, 1988)
Bore & Stroke 3.5" x 3.1"; Tax. H.P. 25.04; P.D. 182 cu. in., 3.0 Liter

SABLE GS—FWD, 106.0" w.b., 4-Spd. Auto. Trans.

6-Ps. 4-dr. GS Sedan	54/HVS	192.2"	2,992	429.6	\$14,101.00	\$14,551.00
6-Ps. 4-dr. GS Wagon	74/HVS	193.2"	3,084	436.2	14,804.00	15,254.00

SABLE LS—FWD, 106.0" w.b., 4-Spd. Auto. Trans. O.D.

6-Ps. 4-dr. LS Sedan	54/HVB	192.2"	3,048	429.6	\$15,094.00	\$15,544.00
6-Ps. 4-dr. LS Wagon	74/HVB	193.2"	3,132	436.2	15,872.00	16,322.00

MERCURY SABLE—FWD, 3.8 L., 6-Cyl. (232) SEFI Gas Eng. (Ford) (Aug. 31, 1988)
Bore & Stroke 3.8" x 3.4"; Tax. H.P. 34.66; P.D. 232 cu. in., 3.8 Liter

SABLE GS—FWD, 106.0" w.b., 4-Spd. Auto. Trans. O.D.

6-Ps. 4-dr. GS Sedan	54/HVS	192.2"	3,015	429.6	\$14,501.00	\$14,951.00
6-Ps. 4-dr. GS Wagon	74/HVS	193.2"	3,109	439.2	15,204.00	15,654.00

SABLE LS—FWD, 106.0" w.b., 4-Spd. Auto. Trans. O.D.

6-Ps. 4-dr. LS Sedan	54/HVB	192.2"	3,071	429.6	\$15,494.00	\$15,944.00
6-Ps. 4-dr. LS Wagon	74/HVB	193.2"	3,157	439.2	16,272.00	16,722.00

FORD SABLE Options: Radios, AM/FM/Cassette/Search, 2 lbs.; \$137; Air Conditioning, 50 lbs.; \$183; Tilt Wheel, 1 lb.; \$124; Speed Control, 4 lbs.; \$182; Power Windows, 10 lbs.; \$296; Power Seat, 6-Way Driver, 10 lbs.; \$251; Power Seats, 6-Way Dual Power, 2 Seats, 20 lbs.; \$502; Moonroof, Power, 42 lbs.; \$741; Third Seat/Wagon, 20 lbs.; \$155; Steel Wheels, 17 lbs.; \$123; Keyless Entry System, 13 lbs.; \$202; Ext. Fuel Tank, 17 lbs.; \$46; Power Lock Group: GS, \$287; LS, \$195

CODES FOR OBJECT CONTACTED

(specify):

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>LO</u>	7. <u>L</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>01</u>	14. <u>09</u>	15. <u>L</u>	16. <u>F</u>	17. <u>E</u>	18. <u>E</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>188</u>	<u>000</u>	<u>005</u>	<u>011</u>	<u>015</u>	<u>016</u>	<u>000</u>	<u>+ 121</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>+</u>
<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>-</u>

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

--- Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

998

27. Direct Damage Width

(For highest severity impact)

--- Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

169

28. Original Wheelbase

--- Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

--- inches X 2.54 = --- centimeters

269

29. Original Average Track Width

--- Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

--- inches X 2.54 = --- centimeters

155

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>3</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	37. Type of Fuel Tank-1	<u>1</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	39. Location of Fuel Tank-1	<u>4</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): _____		(0) No fuel tank	
_____		(1) Aft of center of the rear wheels (rear axle) centered	
_____		(2) Aft of center of the rear wheels (rear axle) left side	
(Include photograph of CERTIFICATION PLACARD in case report)		(3) Aft of center of the rear wheels (rear axle) right side	
(9) Unknown if vehicle is modified		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE		41. Damage to Fuel Tank-1	<u>1</u>
33. Fire Occurrence	<u>0</u>	42. Damage to Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) No damage to fuel tank	
(1) Minor		(2) Deformed, no seam failure	
(2) Major		(3) Deformed, with a seam failure	
(9) Unknown		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

63A



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9521

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 3 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 6 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

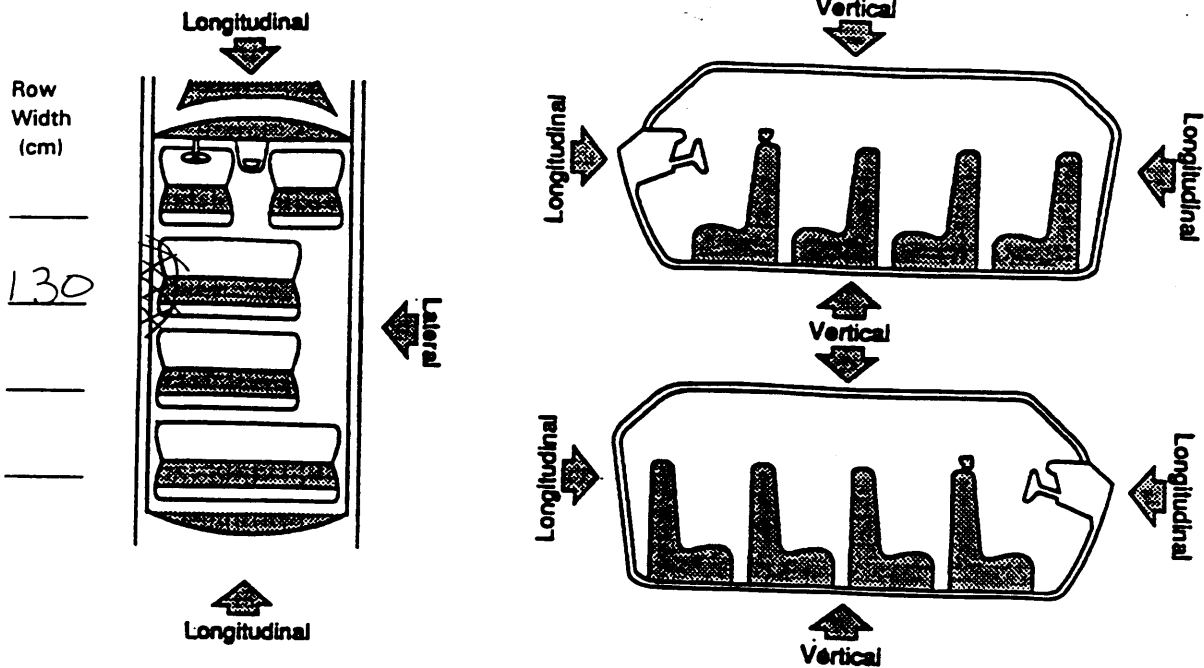
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION	
		COMPARISON VALUE	-	INTRUDED VALUE	=		
21	Door Panel	65	-	58	=	7	LAT
21	seat cushion	69	-	59	=	10	LAT
21	seat Back	71	-	65	=	6	LAT
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>2</u> <u>1</u>	48. <u>2</u> <u>5</u>	49. <u>2</u>	50. <u>3</u>
2nd	51. <u>2</u> <u>1</u>	52. <u>1</u> <u>1</u>	53. <u>1</u>	54. <u>3</u>
3rd	55. <u>2</u> <u>1</u>	56. <u>2</u> <u>1</u>	57. <u>1</u>	58. <u>3</u>
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	-	No DEFORMATION	=	
--	---	----------------	---	--

	-		=	
--	---	--	---	--

	-		=	
--	---	--	---	--

	-		=	
--	---	--	---	--

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown

2

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

9

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

0

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

00

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

00

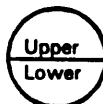
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

086,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

53,250 miles X 1.6093 = 85,698 kilometersSource: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

0

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify):
 (9) Unknown

0

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

0

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

1

97. Adaptive (Assistive) Driving Equipment

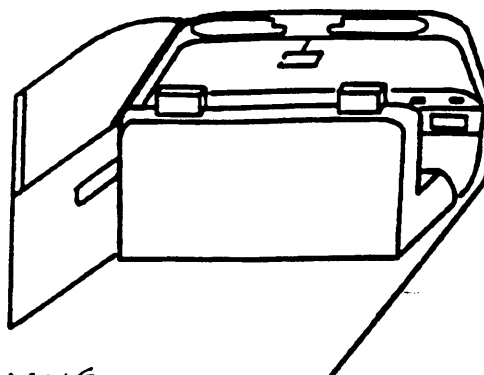
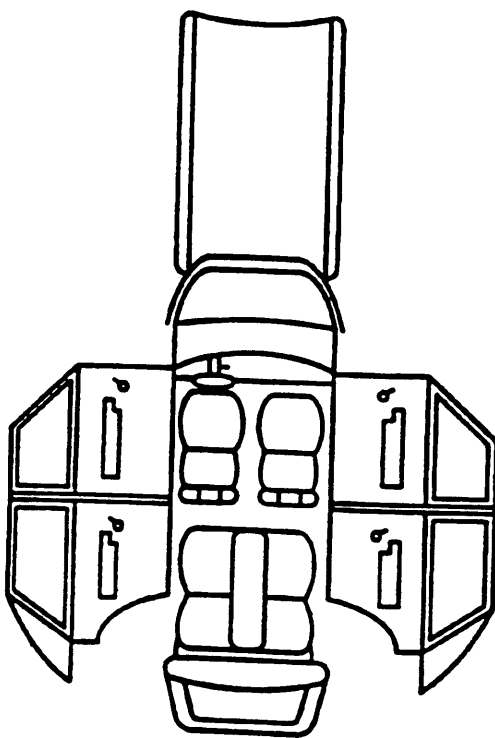
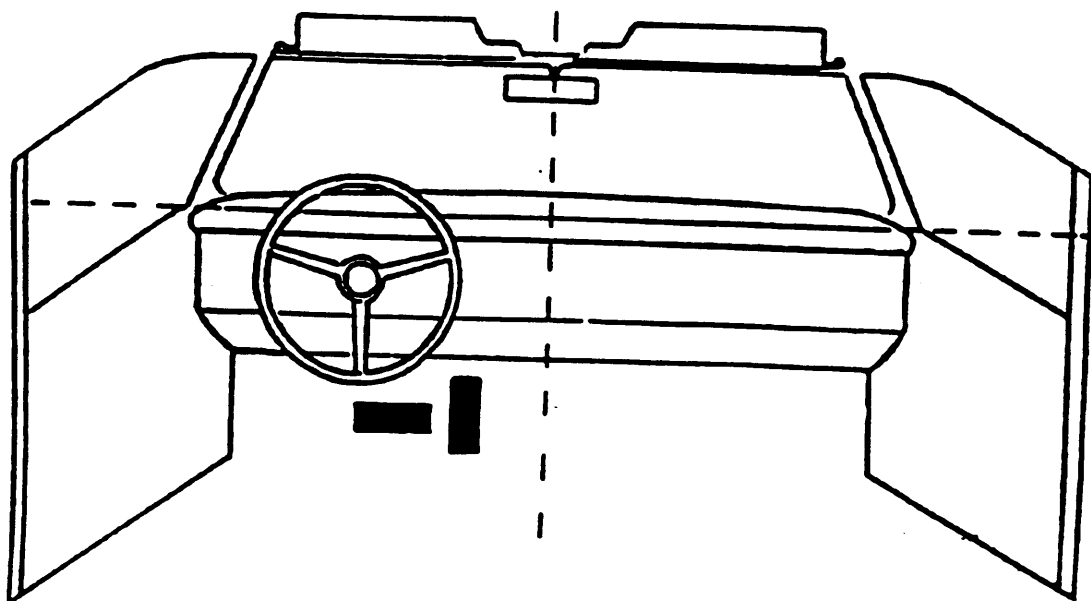
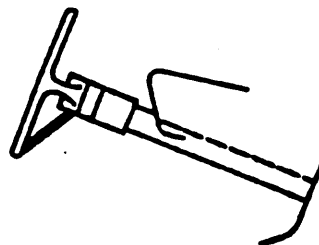
- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify):
☐ Additional or relocated switches (specify):
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify):

0

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

NONE
Visible

Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Evidence of usage	04	03	04
	Used in this crash?		00	0
	Proper Use			
	Failure Modes	1	0	1
	Anchorage Adjustment	1	0	1
SECOND	Availability	4	3	4
	Evidence of usage	04		04
	Used in this crash?	00		00
	Proper Use	0		00
	Failure Modes	0		0
	Anchorage Adjustment	1		0
OTHER	Availability			1
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	0	0	0
	Deployment	0	0	0
	Failure	0	0	0

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available

- (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident

- (3) Deployed, accident sequence undetermined

- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (5) Unknown if deployed

- (7) Nondeployed

- (9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag

- (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident

- (3) Deployed, details unknown

- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (5) Unknown if deployed

- (7) Nondeployed

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	0	0
Flaps open at tear points?	0	0
Flaps damaged?	0	0
Air bag damaged?	00	00
Source of air bag damage	00	00
Air bag tethered?	0	0
Air bag have vent ports?	0	0
Other occupant contact air bag?	0	0
Occupant wearing eyewear?	0	0

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

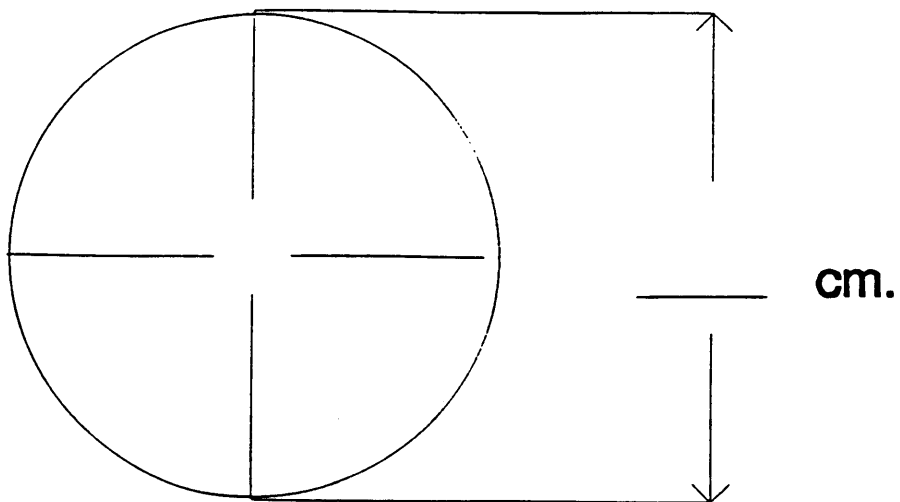
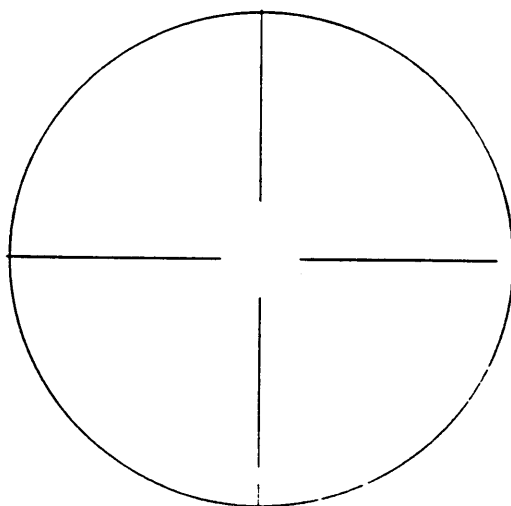
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

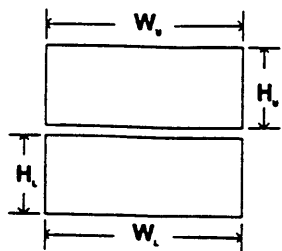
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

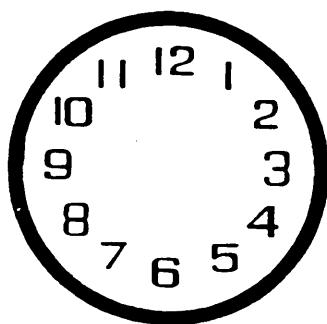
height (H_L) _____

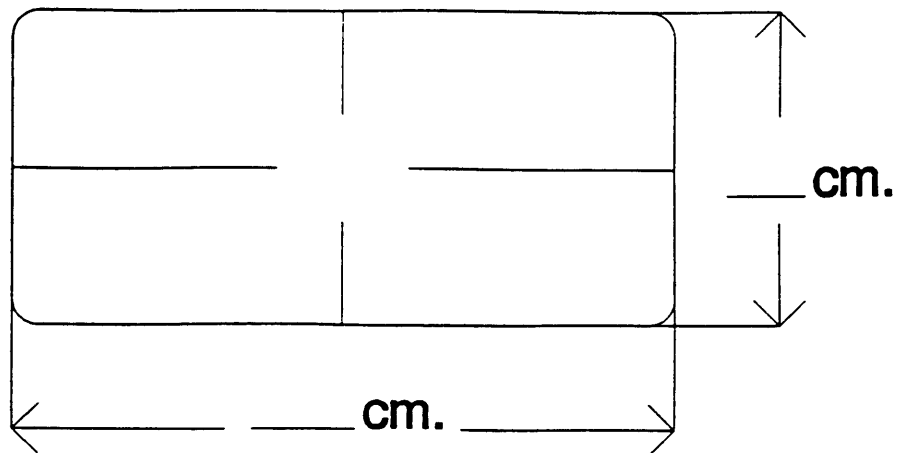
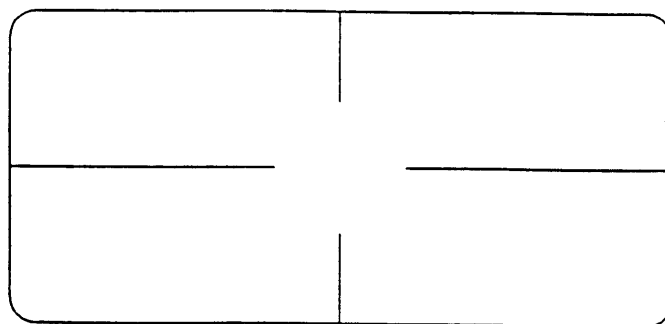


4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

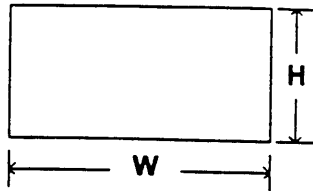
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

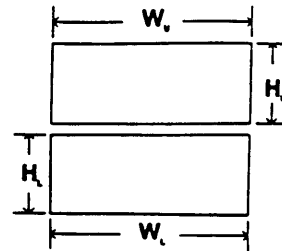
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

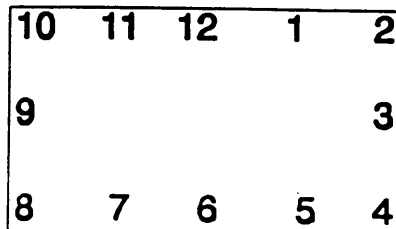
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	0	3
	Seat Type	06	06	06
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	6	2	2
	Seat Back Incline Pre/Post Impact	14		14
S E C O N D	Head Restraint Type/Damage	1	0	1
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	01	01	01
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

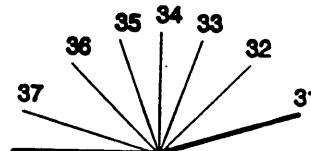
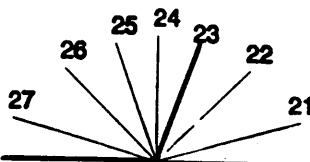
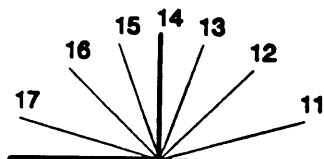
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation		N O N E				
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

(0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify): _____

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify): _____

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify): _____

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
 Note: Options Below Are Used for Variables 3-5.
 (00) No child safety seat

Not Designed with Harness/Shield/Tether
 (01) After market harness/shield/tether added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market harness/shield/tether added
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
 (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
 (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
 (Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

Appendix G:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s):
2. Case Number - Stratum <u>9521</u>	<u>DRIVER of case vehicle</u>
3. Vehicle Number <u>01</u>	

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

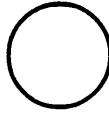
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was S/B ON the . Going the
SPEED LIMIT (45) APPROACHING , SAW a
guy on (R) approach intersection And he
stopped in my lane for SEMI coming
the other way. I knew I was going to
hit him in door so I turned to Right
to avoid hitting his door After hitting
him I turned back left to avoid going
into ditch on (R). I didn't want to roll
VAN. They (Parents) told me
to put him in front.
SPD Limit 45 during the construction
I had my lights on

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
In which direction were you traveling?	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
What was the weather like? (Check all that apply)	<input type="checkbox"/> No adverse conditions <u>misty</u> <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <u>construction zone - SPD limit 45mph</u> <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: <input type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 <u>45</u> <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
Did driver take avoidance actions? <input checked="" type="checkbox"/> Yes (Check all that apply) → <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input checked="" type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify):
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 <u>35</u> <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	<u>only Remember 1</u>
What race does the driver consider themselves?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

National Accident Sampling System-Crashworthiness Data System: Interview Form

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	_____ Number of quarter turns <input type="checkbox"/> Unknown _____ Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
Did the fire start with the fuel system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM. Which part of the fuel system may have been involved?	<input checked="" type="checkbox"/> Fuel tank <input checked="" type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) _____ <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

<p>IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:</p> <p>What is the year, make and model of your vehicle?</p>	<p>Year: 19 <u>96</u></p> <p>Make: <u>Dodge</u></p> <p>Model: <u>CARAVAN</u></p>
<p>Was there any damage to the vehicle that is not related to this crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the doors or hatch come open during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the windows break during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Were any windows open (O) or partially open (P) prior to the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes* * "O" = open "P" = partially open</p> <p><input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Did the glove compartment door come open during the crash?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input checked="" type="checkbox"/> Unknown</p>
<p>Was there any cargo in the vehicle at the time of the crash?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>Baby's Diaper Bag</u></p> <p>Approximate weight - <u>5</u> pounds <u>2 kg</u></p> <p><input type="checkbox"/> Unknown</p>
<p>Approximate mileage on the vehicle?</p>	<p>_____ miles <input checked="" type="checkbox"/> Unknown</p>
<p>You have not inspected the vehicle for damage to the interior or exterior of the vehicle and are not allowing</p>	<p>_____</p> <p>_____</p>
<p>Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:</p>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input checked="" type="checkbox"/> Proprietors <i>owner</i> <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: <u>3 weeks</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>< 1000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input checked="" type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # 2	OCCUPANT #
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
What is the Sex, Height, Weight, and Age of each occupant?	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'9" WEIGHT: 135 AGE: 56	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) in child safety seat H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above G	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed (F)	Indicate all letters that apply and further describe as needed Baby in REAR facing child seat.	Indicate all letters that apply and further describe as needed

Describe any additional information here:

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <u>N/A</u>	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input checked="" type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown**(Note to researcher: try to determine any driver distractions without implying fault)**

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
	<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
	<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

Were you [and other occupant(s)] wearing a seat belt during the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:	<input type="checkbox"/> None <input type="checkbox"/> Buckle <input type="checkbox"/> Strap <input type="checkbox"/> Other (specify):	<input type="checkbox"/> None <input type="checkbox"/> Buckle <input type="checkbox"/> Strap <input type="checkbox"/> Other (specify):	<input type="checkbox"/> None <input type="checkbox"/> Buckle <input type="checkbox"/> Strap <input type="checkbox"/> Other (specify):

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input checked="" type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
Had this vehicle been in any previous crashes? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
Type of air bag?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Manufacturer and model of the safety seat?		Fisher-Price	
Type of safety seat?		<input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input checked="" type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input checked="" type="checkbox"/> Harness <input checked="" type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

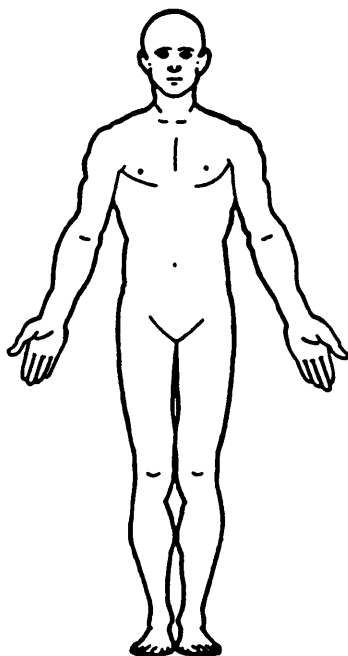
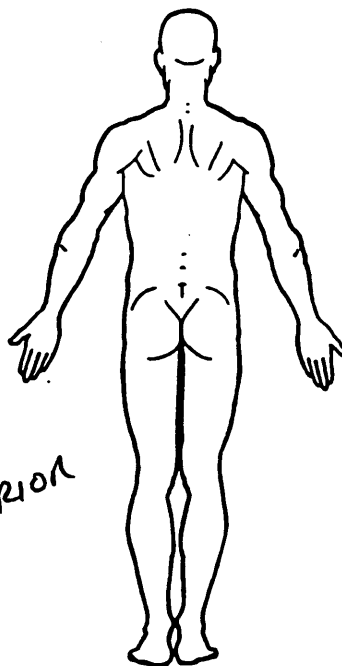
INJURY INFORMATION			
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Were you (or any other occupants) injured? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF INJURIES ARE CHECKED, GO TO THE MANIKIN PAGE(S) TO RECORD LOCATION, LESION, AND SOURCE.			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - number of days <u>unk</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?	<u>of Hosp</u>	<u>of Hosp</u>	
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <u>ASK my LAWYER</u> <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9522 Vehicle Number 01 Occupant Number 01

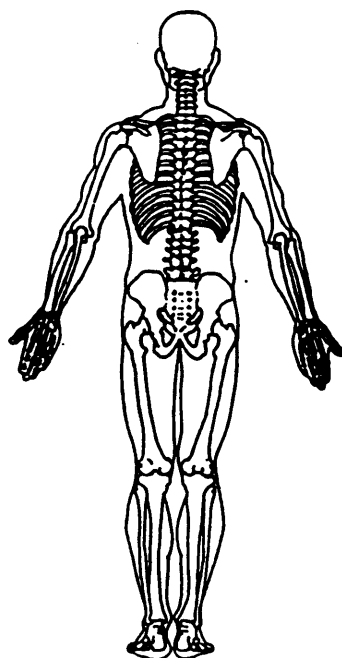
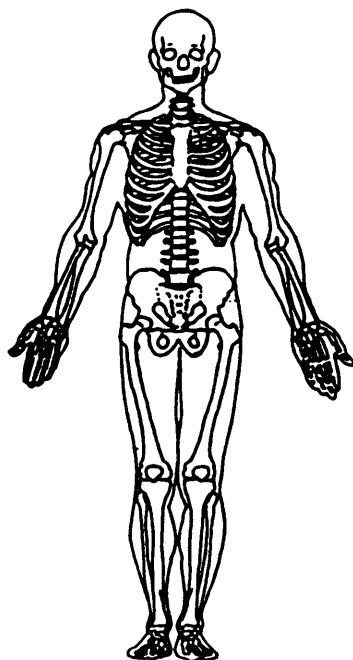
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER /interviewee

SOFT TISSUE/INTERNAL INJURIES

neck
shoulder
BACK
STRAINSAlthough
I did have
some back
problems prior
to accid.

SKELETAL INJURIES



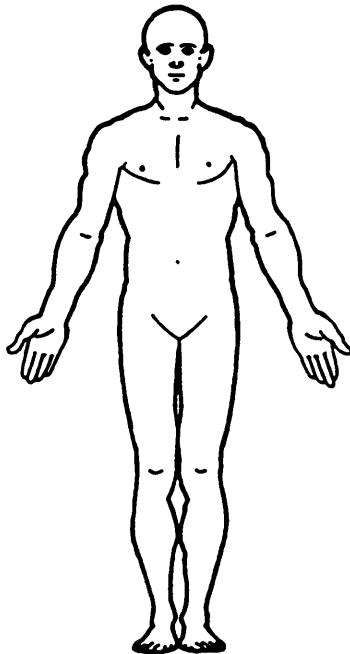
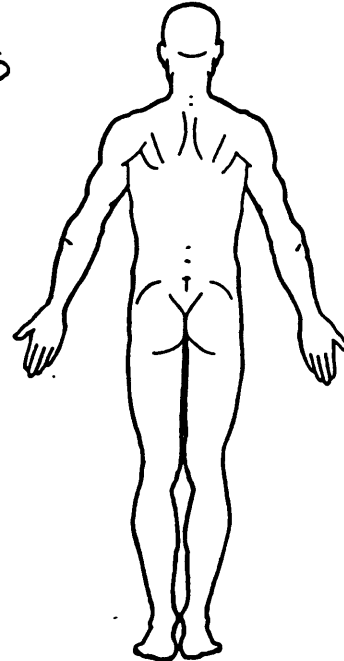
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9522Vehicle Number 01Occupant Number 02

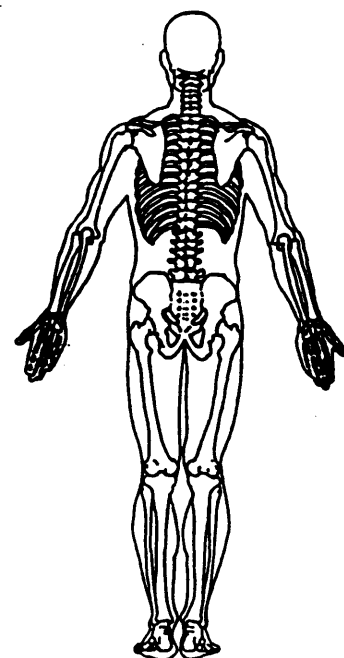
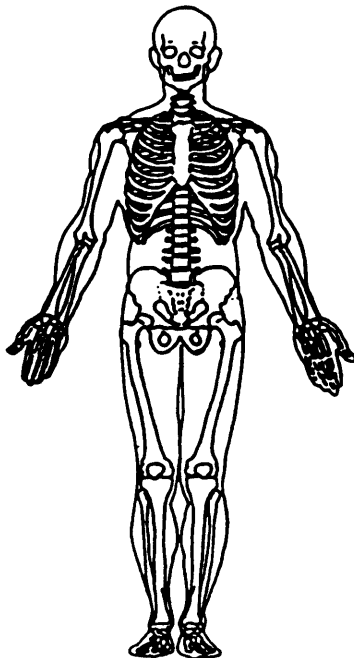
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):DRIVER/
GRANDMA

SOFT TISSUE/INTERNAL INJURIES

5 Skull Fr's
AIR BAG

SKELETAL INJURIES



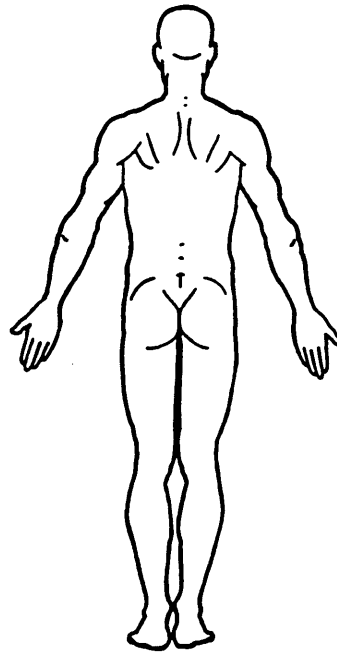
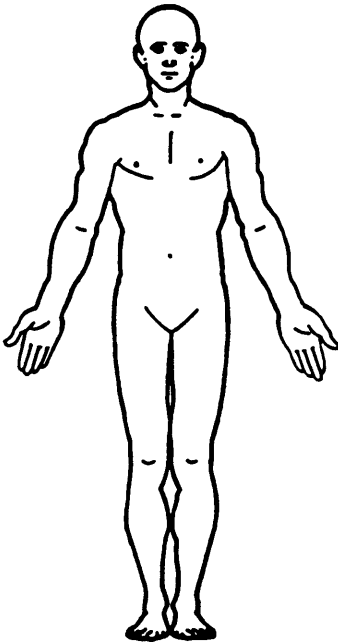
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____

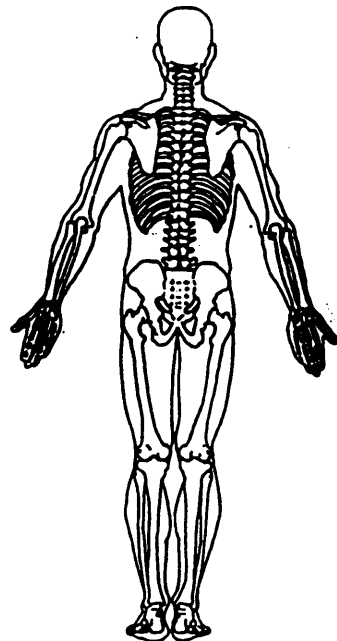
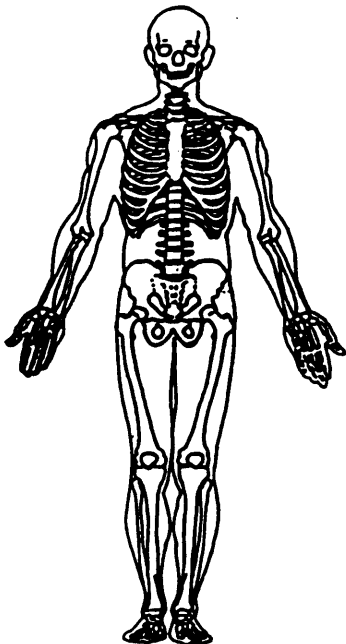
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix H:

NASS CDS INTERVIEW FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>V2 DRIVER</u>
2. Case Number - Stratum <u>9521</u>	
3. Vehicle Number <u>02</u>	

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

the Accid Report did not indicate the poor visibility. There is also construction going on there. I didn't see ^{her} I started across West when I got hit 'BANG' I did stop for stop sign I got spun around CCW ended up facing north.

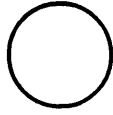
My car has no air bags, but me and my passenger were wearing our belts. I never saw other car before or after the accident.

The weather was a big factor.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
In which direction were you traveling?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify):
What was the weather like? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input checked="" type="checkbox"/> Rain <input checked="" type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify):
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input checked="" type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: <input type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input checked="" type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
Did driver take avoidance actions? <input type="checkbox"/> Yes (Check all that apply) → <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify):
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	was only hit once as far as I remember
What race does the driver consider himself?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

National Accident Sampling System-Crashworthiness Data System: Interview Form

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN - - SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	_____ Number of quarter turns <input type="checkbox"/> Unknown _____ Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP THIS SECTION
☐ UNKNOWN - - SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
Did the fire start with the fuel system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM. Which part of the fuel system may have been involved?	<input checked="" type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

<p>IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:</p> <p>What is the year, make and model of your vehicle?</p>	<p>Year: 19 <u>89</u></p> <p>Make: <u>MERCURY</u></p> <p>Model: <u>Sable</u></p>
<p>Was there any damage to the vehicle that is not related to this crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the doors or hatch come open during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Did any of the windows break during the crash?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>(L) REAR</u> <input type="checkbox"/> Unknown</p>
<p>Were any windows open (O) or partially open (P) prior to the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * "O" = open "P" = partially open</p> <p style="text-align: center;"> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </p> <p><input type="checkbox"/> Unknown</p>
<p>Did the glove compartment door come open during the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown</p>
<p>Was there any cargo in the vehicle at the time of the crash?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe:</p> <p style="text-align: center;">Approximate weight - _____ pounds</p> <p><input type="checkbox"/> Unknown</p>
<p>Approximate mileage on the vehicle?</p>	<p><u>60,000</u> miles ? <input type="checkbox"/> Unknown</p>
<p>Do you have an inspection of the vehicle for damage to the vehicle?</p>	<p>Current location: _____</p> <p>Current location: _____</p>

Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>RETIRED</u>
How long have you driven this vehicle?	Years: <u>6</u> Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: _____
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input checked="" type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
What is the Sex, Height, Weight, and Age of each occupant?	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u> </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'4"</u> WEIGHT: <u>175</u> AGE: <u>72</u>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u> </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'7</u> WEIGHT: <u>140</u> AGE: <u>45</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months <u> </u> <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u> </u> WEIGHT: <u> </u> AGE: <u> </u>
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <u>A</u> <u>F</u>	Indicate all letters that apply and further describe as needed <u>A Both on Floor</u> <u>K</u>	Indicate all letters that apply and further describe as needed

Describe any additional information here:

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown**(Note to researcher: try to determine any driver distractions without implying fault)**

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
Were the seat belts available for use? Did the seat belts work properly?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Were the seat belts attached to the vehicle structure? Did the seat belts cross?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you (and other occupant(s)) wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

Where was the seat belt attached to the vehicle structure? <input type="checkbox"/> Front of seat <input type="checkbox"/> Behind seat <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	Where was the seat belt attached to the vehicle structure? <input type="checkbox"/> Front of seat <input type="checkbox"/> Behind seat <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	Where was the seat belt attached to the vehicle structure? <input type="checkbox"/> Front of seat <input type="checkbox"/> Behind seat <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	Where was the seat belt attached to the vehicle structure? <input type="checkbox"/> Front of seat <input type="checkbox"/> Behind seat <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):
--	--	--	--

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, with at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
Type of air bag?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>glasses</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

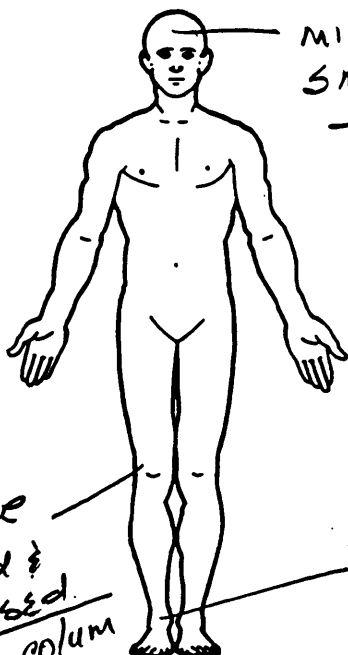
INJURY INFORMATION			
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
Were you (or any other occupants) injured? <i>• If "YES" go to manikin page and record injuries in detail</i> <i>• If "NO" ask next questions</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF NECESSARY, SEE THE MANIKIN PAGES FOR MORE DETAILS.			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?			
Have you (or any other occupants) received any follow-up treatment?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9521Vehicle Number 02Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

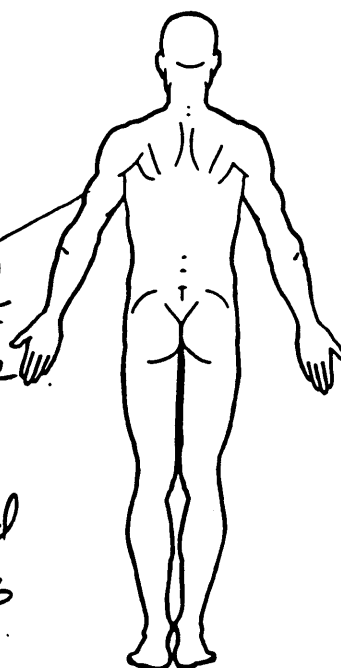
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER
interviewee

SOFT TISSUE/INTERNAL INJURIES



MID Forehead
small cut
UNK
Flying glass

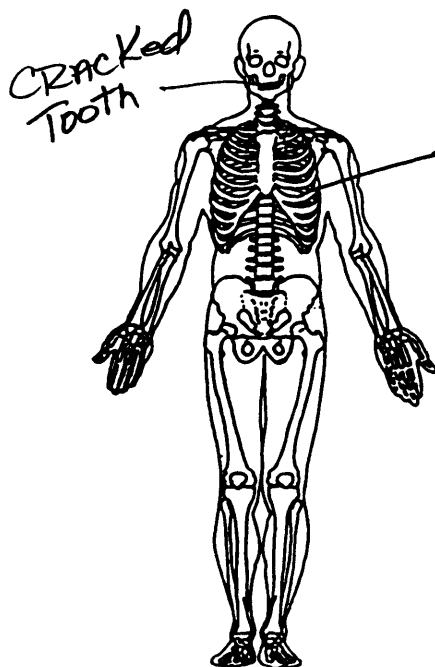
Bicep
Bruised
DOOR SIDE
B-PILLAR



R Knee
Bruised &
ABRASED
steering column

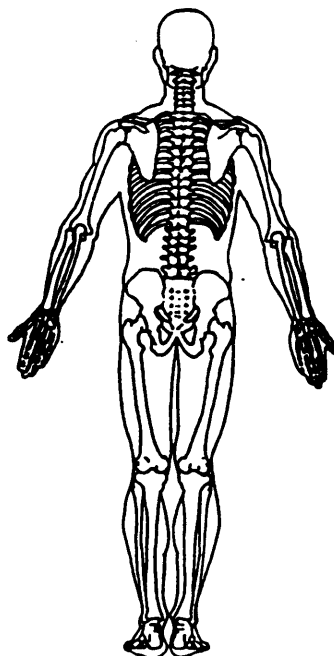
R Ankle
Badly Bruised
Foot controls
OR Hump

SKELETAL INJURIES



CRACKED
Tooth

L & R
SORE
Ribs



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9521 Vehicle Number 02 Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

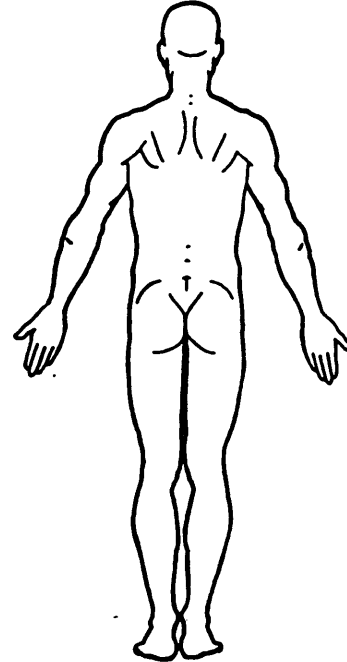
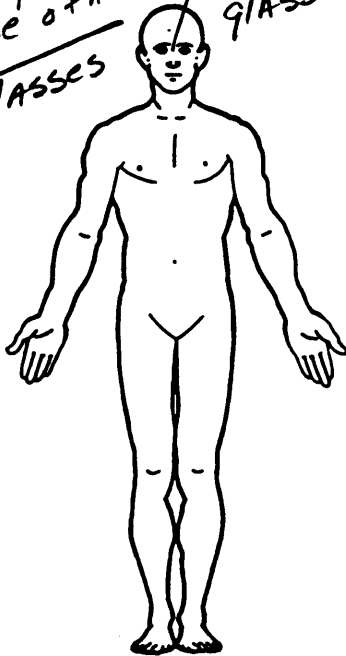
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER E.this occup.

Bump to
Bridge of nose
glasses

Bridge
nose
scratch
glasses

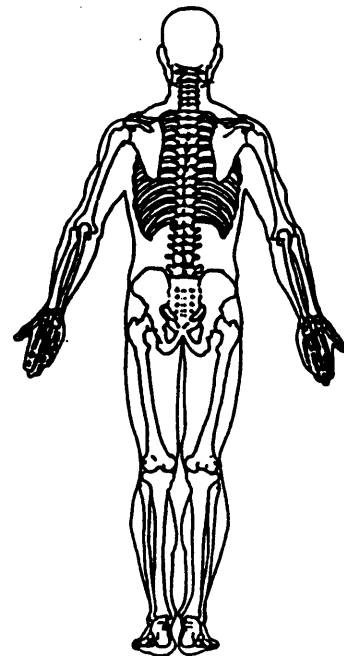
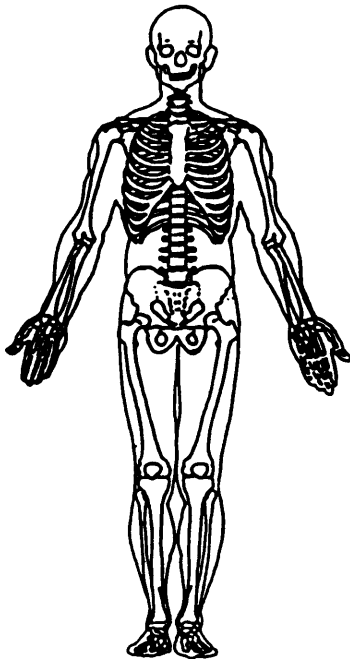
SOFT TISSUE/INTERNAL INJURIES

PASS.
glasses
Broke
(FRAMES)

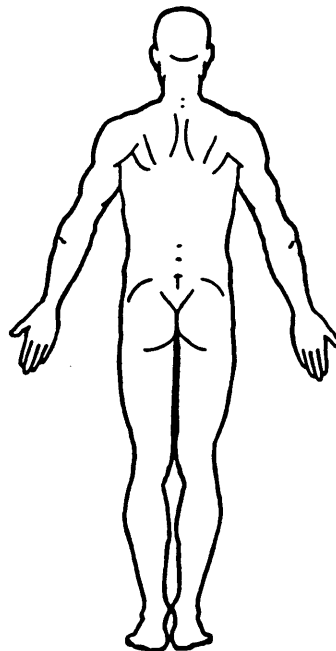
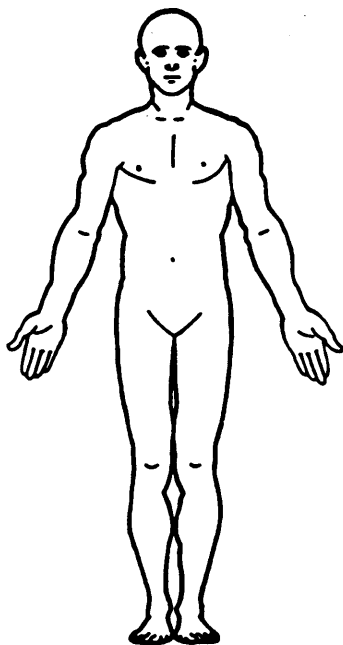
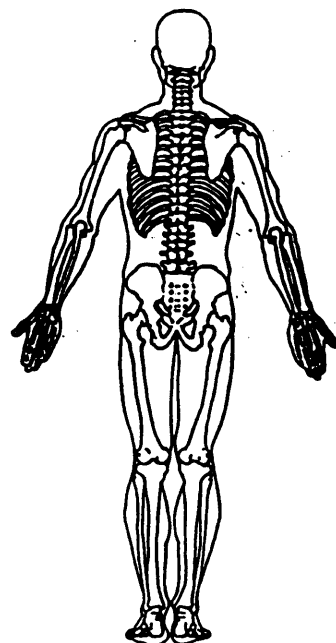
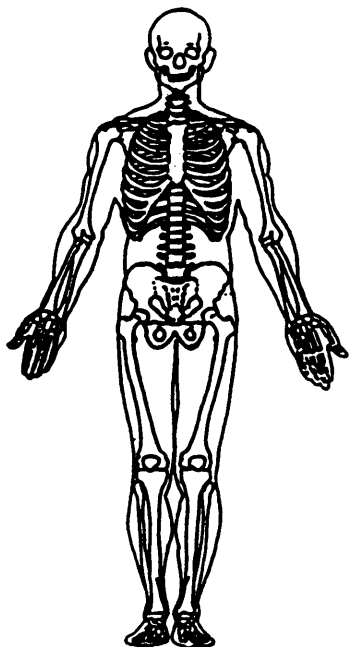


X-RAYS
Head/chest

SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix I:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9521

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

56

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

175

Code actual height to the nearest
centimeter.

(999) Unknown

69 inches X 2.54 = 175 centimeters

8. Occupant's Weight

061

Code actual weight to the nearest
kilogram.

(999) Unknown

135 pounds X .4536 = 61 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 3

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>4</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Not equipped/not available/destroyed or rendered inoperative</p> <p>[X] Vehicle inspection</p> <p>[] Official injury data</p> <p>[] Driver/occupant interview</p> <p>[] Other (specify): _____</p> <p>[] Unknown if belt used _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No previous accidents</p> <p>Yes</p> <p>(2) Previous accident(s) without deployment(s)</p> <p>(3) One previous accident with deployment</p> <p>(4) More than one previous accident with at least one deployment</p> <p>(8) Previous accidents, unknown deployment status</p> <p>(9) Unknown</p>	<p>40. Longitudinal Component of Delta V For Air Bag Deployment Impact <u>+ 996</u></p> <p>(_ 000) Not equipped/not available</p> <p><i>Code the value of the delta V for the impact that initiated the air bag deployment</i></p> <p>(_ 996) Deployment, unknown longitudinal Delta V</p> <p>(_ 997) Not deployed</p> <p>(_ 998) Unknown if deployed</p> <p>(_ 999) Unknown</p>
<p>36. Type of Air Bag <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Original manufacturer installed system</p> <p>(2) Retrofitted air bag</p> <p>(3) Replacement air bag</p> <p>(8) Unknown type of air bag</p> <p>(9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>2</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes</p> <p>(3) Deployed, unknown if flap(s) opened at designated tear points</p> <p>(7) Not deployed</p> <p>(8) Unknown if deployed</p> <p>(9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No prior maintenance</p> <p>(2) Yes, prior maintenance (specify): _____</p> <p>(9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(3) Deployed, unknown if air bag module cover flap(s) damaged</p> <p>(7) Not deployed</p> <p>(8) Unknown if deployed</p> <p>(9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>01</u></p> <p>(00) Not equipped/not available</p> <p><u>1st</u> Code the accident event sequence number that initiated the air bag deployment</p> <p>(96) Deployed, unknown event</p> <p>(97) Not deployed</p> <p>(98) Unknown if deployed</p> <p>(99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>01</u></p> <p>(00) Not equipped/not available</p> <p>(01) Not damaged</p> <p><i>Yes - Air Bag Damage</i></p> <p>(02) Ruptured</p> <p>(03) Cut</p> <p>(04) Torn</p> <p>(05) Holed</p> <p>(06) Burned</p> <p>(07) Abraded</p> <p>(88) Other damage (specify): _____</p>
<p>39. CDC For Air Bag Deployment Impact <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Highest delta V</p> <p>(2) Second highest delta V</p> <p>(3) Other non-coded delta V (specify): _____</p> <p>(6) Deployed, unknown event</p> <p>(7) Not deployed</p> <p>(8) Unknown if deployed</p> <p>(9) Unknown</p>	<p>(95) Damaged, details unknown</p> <p>(96) Deployed, unknown if damaged</p> <p>(97) Not deployed</p> <p>(98) Unknown if deployed</p> <p>(99) Unknown</p>

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
- (0) No head restraints
 - (1) Integral—no damage
 - (2) Integral—damaged during accident
 - (3) Adjustable—no damage
 - (4) Adjustable—damaged during accident
 - (5) Add-on—no damage
 - (6) Add-on—damaged during accident
 - (8) Other (specify):
- (9) Unknown
50. Seat Type (this Occupant Position) 02
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Box mounted seat (i.e., van type)
 - (10) Other seat type (specify):
- (99) Unknown
51. Seat Orientation (this Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) Forward facing seat
 - (2) Rear facing seat
 - (3) Side facing seat (inward)
 - (4) Side facing seat (outward)
 - (8) Other (specify):
- (9) Unknown
52. Seat Track Adjusted Position Prior To Impact
- (0) Occupant not seated or no seat
 - (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
 - (3) Seat between forward most and middle track positions
 - (4) Seat at middle track position
 - (5) Seat between middle and rear most track positions
 - (6) Seat at rear most track position
 - (9) Unknown

95A

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

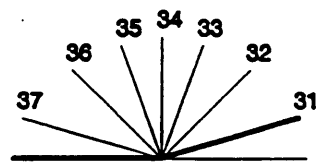
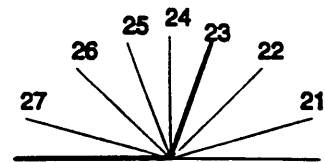
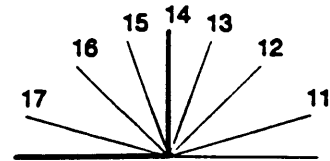
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

64. Hospital Stay00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost00

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death**68. 2nd Medically Reported Cause of Death****69. 3rd Medically Reported Cause of Death**

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

- (1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

Appendix J:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9521

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Cervical strain 1st	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>78</u>	10. <u>1</u>	11. <u>6</u>	12. <u>170</u>	13. <u>2</u>	14. <u>2</u>	15. <u>00</u>
Thoracic strain 2nd	16. <u>7</u>	17. <u>6</u>	18. <u>4</u>	19. <u>04</u>	20. <u>78</u>	21. <u>1</u>	22. <u>7</u>	23. <u>170</u>	24. <u>3</u>	25. <u>2</u>	26. <u>00</u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—

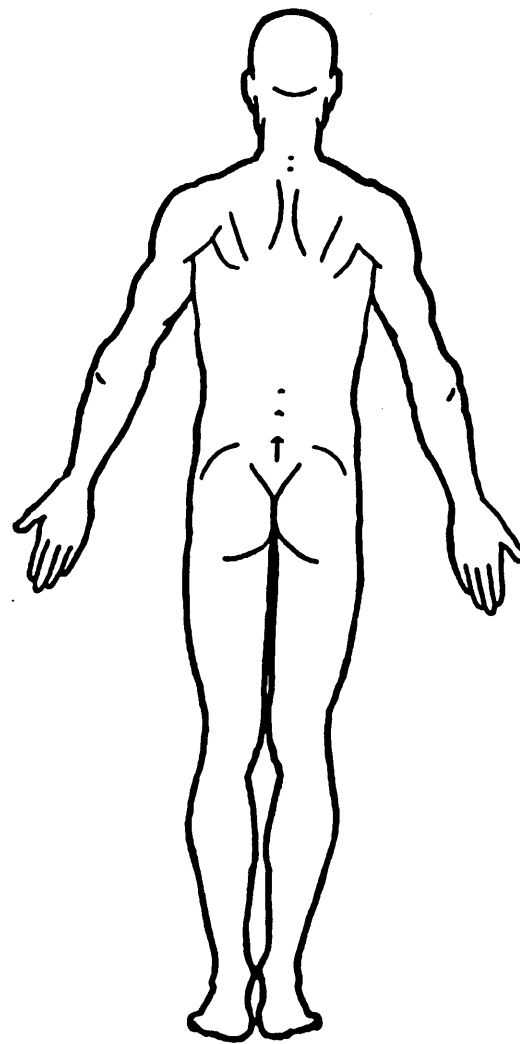
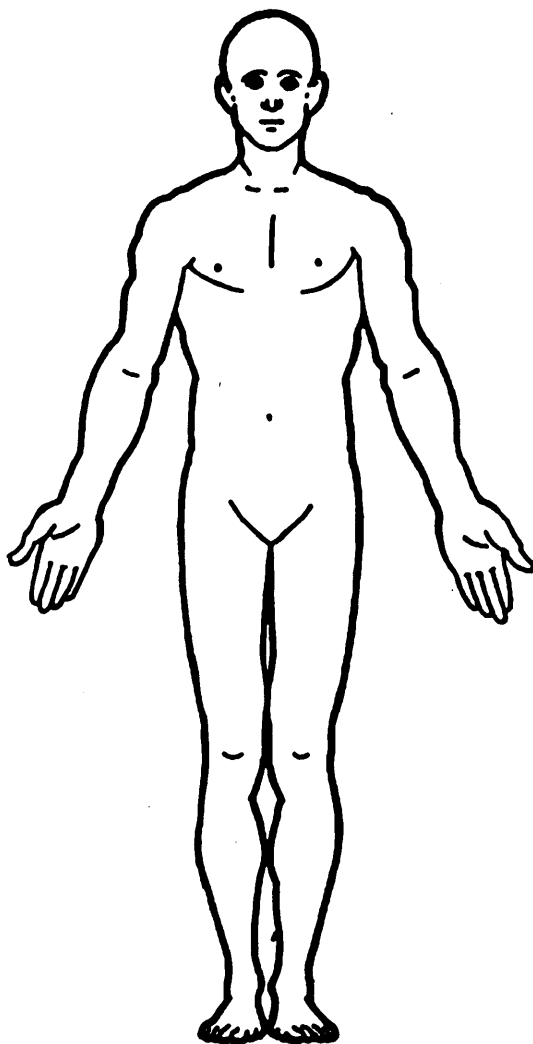
OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity		The exceptions to this rule apply to:	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u> (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic <u>UNOFFICIAL RECORDS</u> (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police _____	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

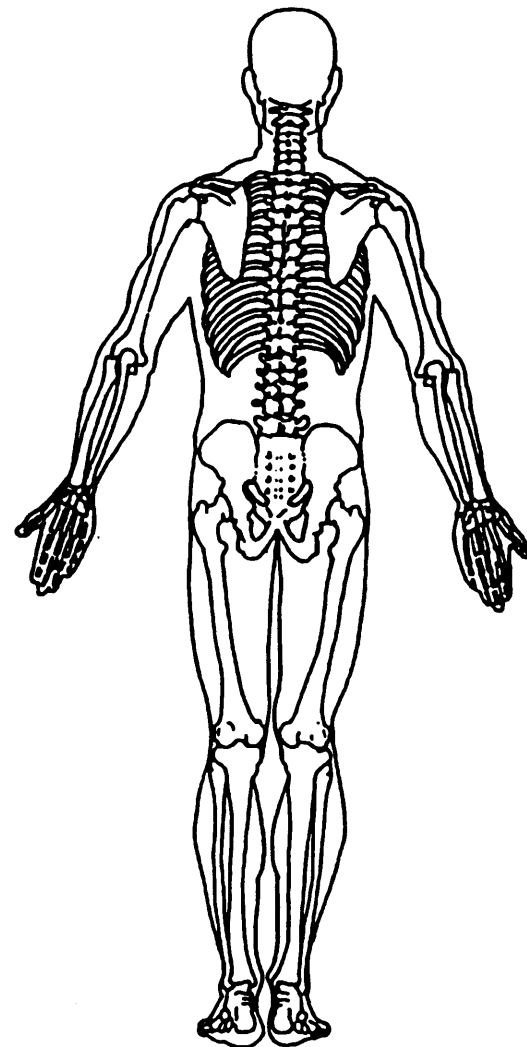
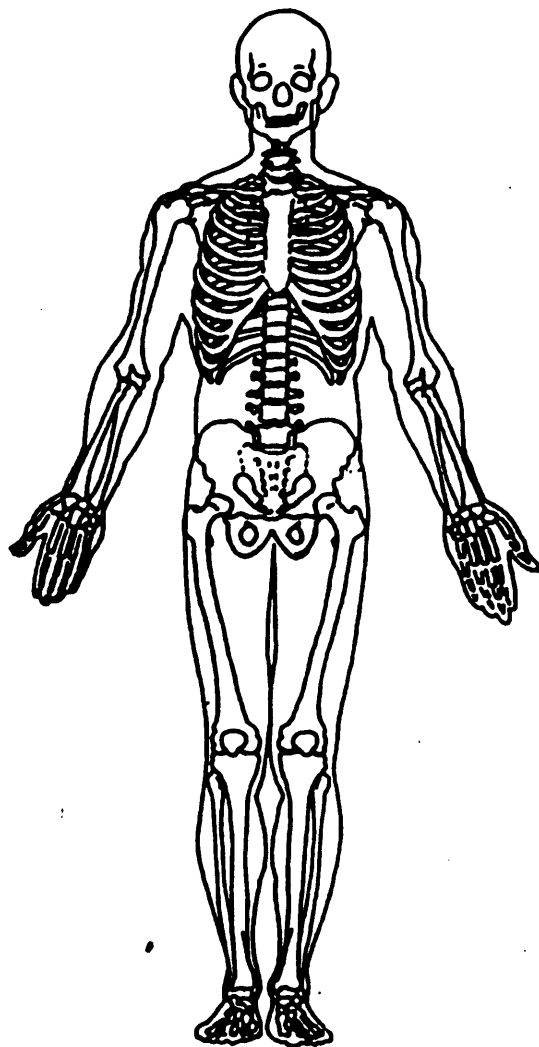
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

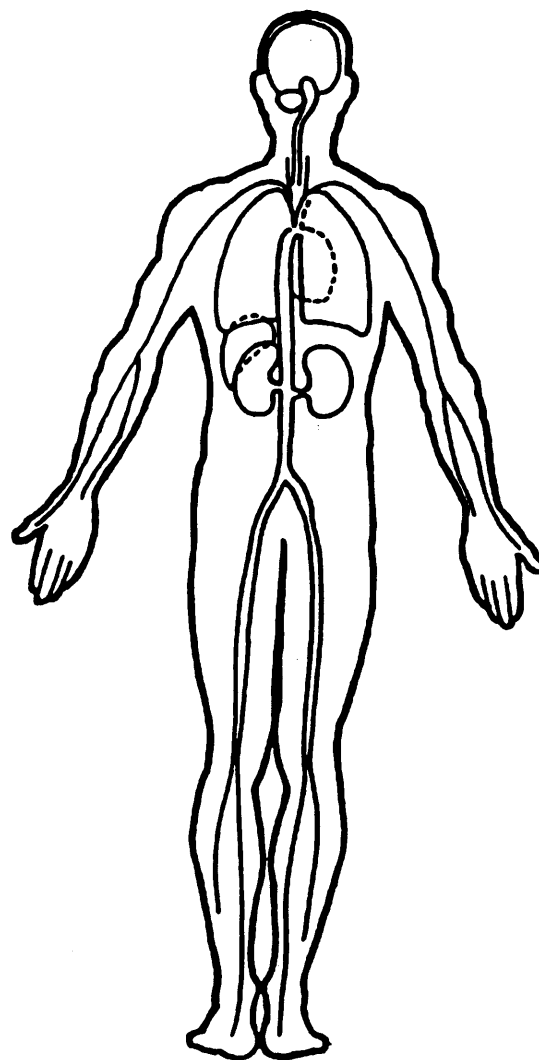
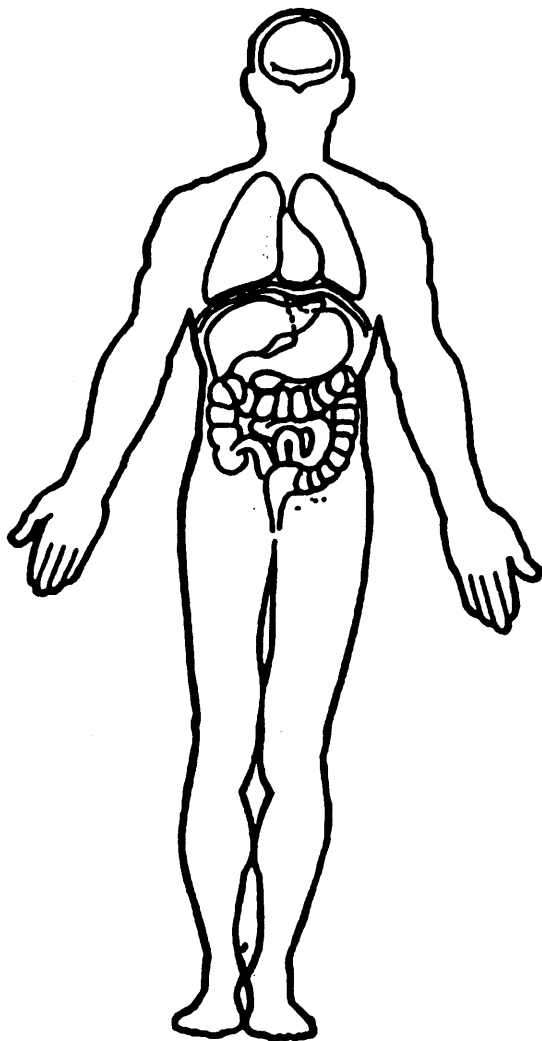
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Appendix K:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9521

3. Vehicle Number

01

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

00

Code actual age at time of accident.

(00) Less than one year old (specify by month):

2 months

(97) 97 years and older (7 weeks)

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

056

Code actual height to the nearest centimeter.

(999) Unknown

22 inches X 2.54 = 55.9 centimeters

8. Occupant's Weight *

004

Code actual weight to the nearest kilogram.

(999)Unknown

4.12 kg in 2nd ER

10 pounds X .4536 = 4.54 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

* 5 kg used in weight calculations;
4 kg value obtained afterwards!

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

2

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p> <p>19. Manual (Active) Belt System Use <u>14</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts <u>2</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p> <p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>22. Shoulder Belt Upper Anchorage Adjustment <u>4</u></p> <p>(0) No shoulder belt</p> <p>(1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>
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POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>6</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p>	<p>30. Frontal Air Bag System <u>1</u></p> <p>Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Not equipped/not available/destroyed or rendered inoperative</p> <p><input checked="" type="checkbox"/> Vehicle inspection</p> <p>[] Official injury data</p> <p>[] Driver/occupant interview</p> <p>[] Other (specify): _____</p> <p>[] Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p> <p>_____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
1st Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of + 996

Delta V For Air Bag

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(_95) Damaged, details unknown

(_96) Deployed, unknown if damaged

(_97) Not deployed

(_98) Unknown if deployed

(_99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 01

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact
 to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 1

- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown

50. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 6

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track
 positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track
 positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

Slightly reclined prior to impact

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

Completely reclined prior to impact

(31) Retained pre-impact position

(32) Moved to rearward midrange position

(33) Moved to slightly rearward position

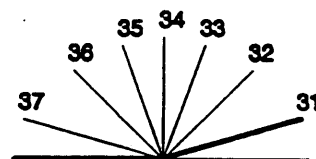
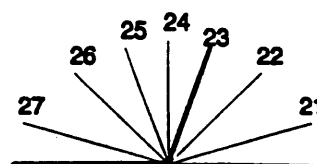
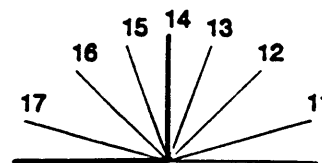
(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed (specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 1 1 8
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):
Fisher-Price # [REDACTED]
 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 1
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 1
 (00) No child safety seat
Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation
 (99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1 2

59. Child Safety Seat Shield Usage 1 2

60. Child Safety Seat Tether Usage 0 1

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used
 (99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 05

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 08

8 Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 14
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 2

- (1) No - blood not given
(2) Yes - blood given
(specify units): 1
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 20

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

19.6 Base Excess = -5.7

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

Appendix L:

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9521

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90					Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Bilateral 1st Subdural hematomas	5. <u>2</u>	6. <u>1</u>	7. <u>4</u>	8. <u>06</u>	9. <u>54</u>	10. <u>5</u>	11. <u>3</u>	12. <u>180</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Diffuse axonal injury, (R)	16. <u>2</u>	17. <u>1</u>	18. <u>4</u>	19. <u>06</u>	20. <u>28</u>	21. <u>5</u>	22. <u>1</u>	23. <u>180</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
Intraventricular hemorrhage	27. <u>2</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>78</u>	32. <u>4</u>	33. <u>1</u>	34. <u>180</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
Subarachnoid hemorrhage (R)	38. <u>2</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>84</u>	43. <u>3</u>	44. <u>1</u>	45. <u>180</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
Subarachnoid hemorrhage (L)	49. <u>2</u>	50. <u>1</u>	51. <u>4</u>	52. <u>06</u>	53. <u>84</u>	54. <u>3</u>	55. <u>2</u>	56. <u>180</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
Concussion with deficit	60. <u>2</u>	61. <u>1</u>	62. <u>6</u>	63. <u>04</u>	64. <u>04</u>	65. <u>2</u>	66. <u>0</u>	67. <u>180</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>
Fx (L) parietal skull	71. <u>2</u>	72. <u>1</u>	73. <u>5</u>	74. <u>04</u>	75. <u>02</u>	76. <u>2</u>	77. <u>2</u>	78. <u>180</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>
Fx (R) parietal skull	82. <u>2</u>	83. <u>1</u>	84. <u>5</u>	85. <u>04</u>	86. <u>02</u>	87. <u>2</u>	88. <u>1</u>	89. <u>180</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury				
11th	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---
13th	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
SOURCE OF INJURY DATA	INJURY SOURCE	DIRECT/INDIRECT INJURY	
	CONFIDENCE LEVEL		
<u>OFFICIAL RECORDS</u>			
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury	
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury	
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury	
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify):			
(9) Police			

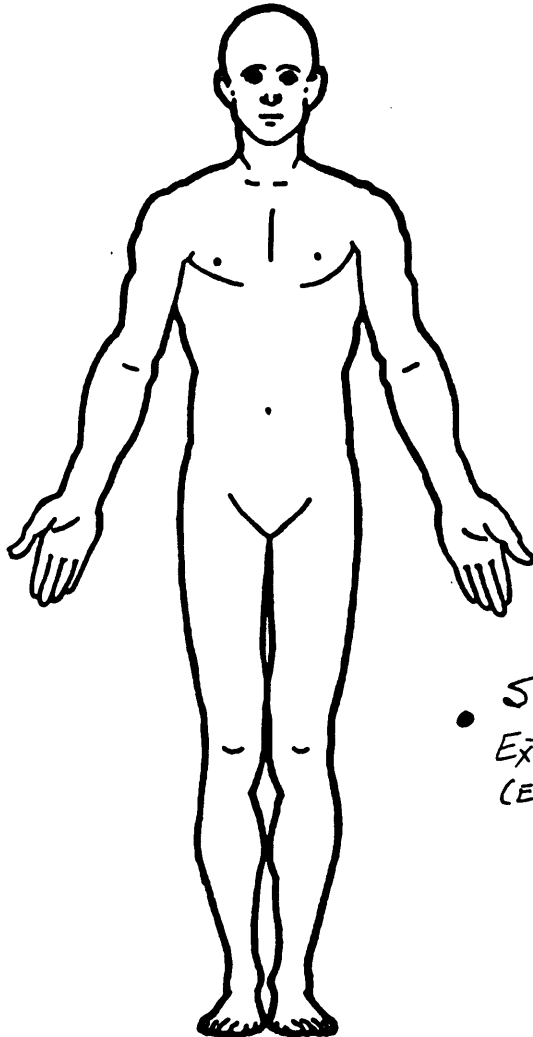
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

No marks noted on trunk, extremities.

Head symmetrical, no marks noted; Fontanelle soft (EN1)

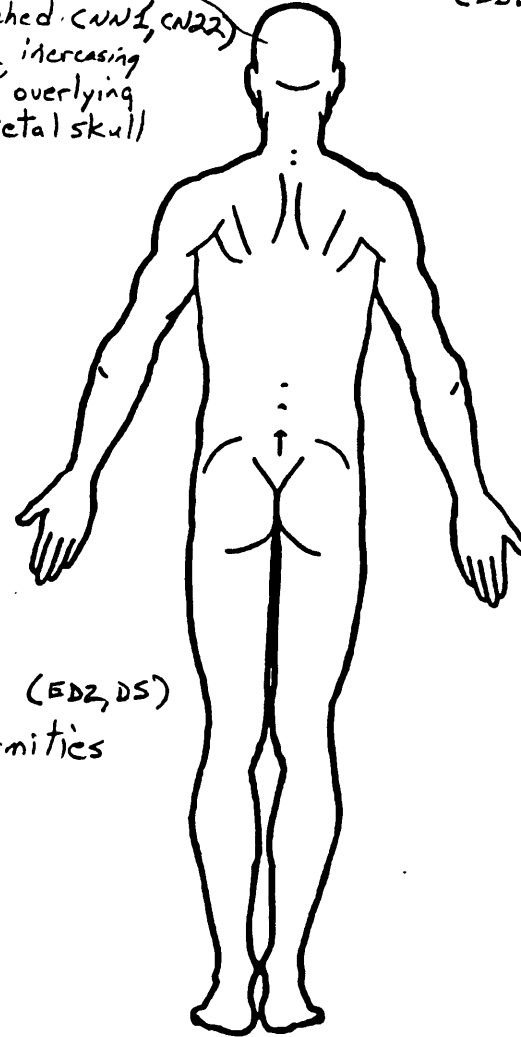
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Hematoma @ head, Dr advised of second hematoma (NN1)



- Soft swollen area @ posterior occipital area, fuses when touched. (NN1, CN22)
- Scalp hematoma, increasing in size slightly, overlying @ temporal-parietal skull Fx (NN1, EX1)

- No lacerations, bleeding or bruises to scalp (ED2, CN22, DS)



- Skin — no bruises (ED2, DS)
- Extremities — no deformities (ED2, CN21)

• Air Bag inflated on impact (CN22, DS)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No
☒ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 14

(CN22)

Units of Blood
Given

Units = 1 PRBC

(FU1, FU2, TR,
CN23, DS)

Arterial Blood
Gases

pH = 7.30

PO₂ = 39.3

PCO₂ = 40.7

HCO₃ = 19.6

Measured!

(ER1)

Base Excess

= -5.7

(LB)

In front seat... strapped in infant seat (EN1, ED1, ED2, NW2, CN21, CN22, CN23, DS)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Fracture (L) parietal skull, extending from (L) temporal bone to parietal convexity—stellate (ED1, EX1, DS, EX2, PX2)

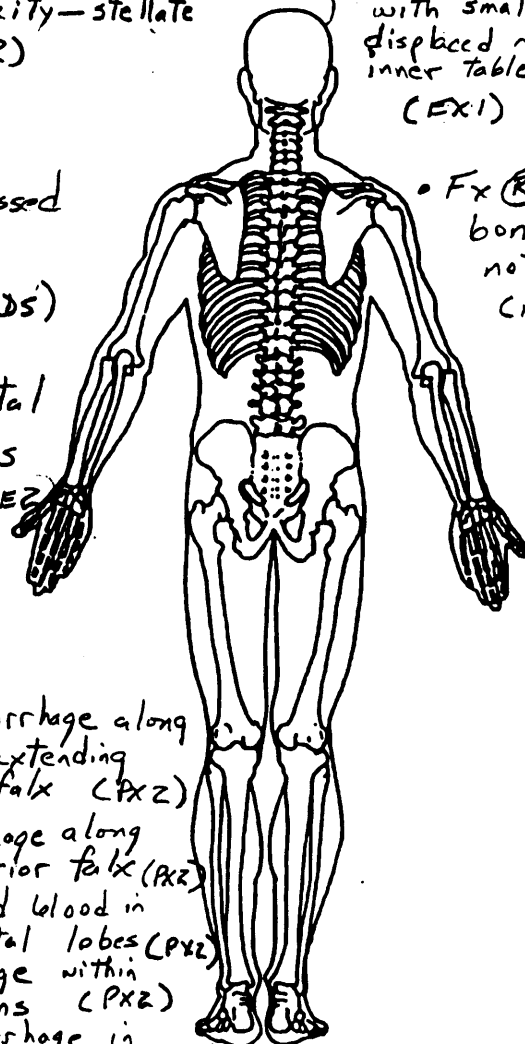
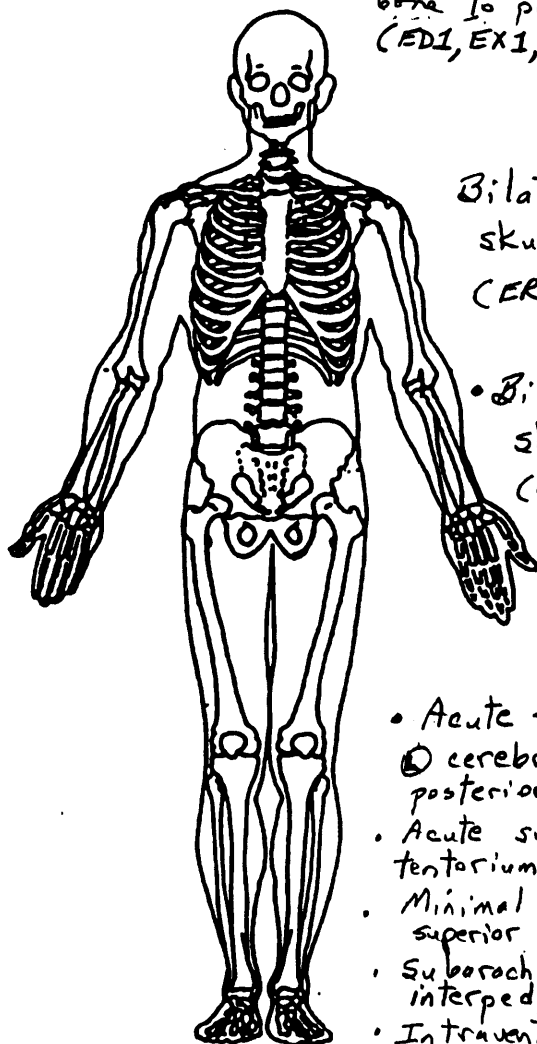
- Mildly comminuted (R) superior parietal skull Fx with small fragment displaced ~ 2 mm from inner table (EX1)

- Bilateral nondepressed skull fractures (ER2, CN22, CN23, DS)

- Fx (R) parietal bone, depression not noted (EX2)

- Bilateral parietal skull fractures (CN21, CN24, EE2, FU1, FU2)

- Acute subdural hemorrhage along (L) cerebral convexity extending posteriorly and along falx (PX2)
- Acute subdural hemorrhage along tentorium and (R) posterior falx (PX2)
- Minimal subarachnoid blood in superior bilateral parietal lobes (PX2)
- Subarachnoid hemorrhage within interpeduncular cisterns (PX2)
- Intraventricular hemorrhage in occipital horn of (R) lateral ventricle (PX2)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

- Initially crying, now increasing lethargy (CN21)
- Crying but consolable, pale (in second ER) (ED2, CN22)

- No longer continues in just right gaze (CN23, DS)
- Eyes deviated to right (ED2, CN2, CN22, CN24, D, DS)

OFFICIAL INJURY DATA — INTERNAL INJURIES

- Whining and sucking pacifier (on arrival in ER) (EN1)

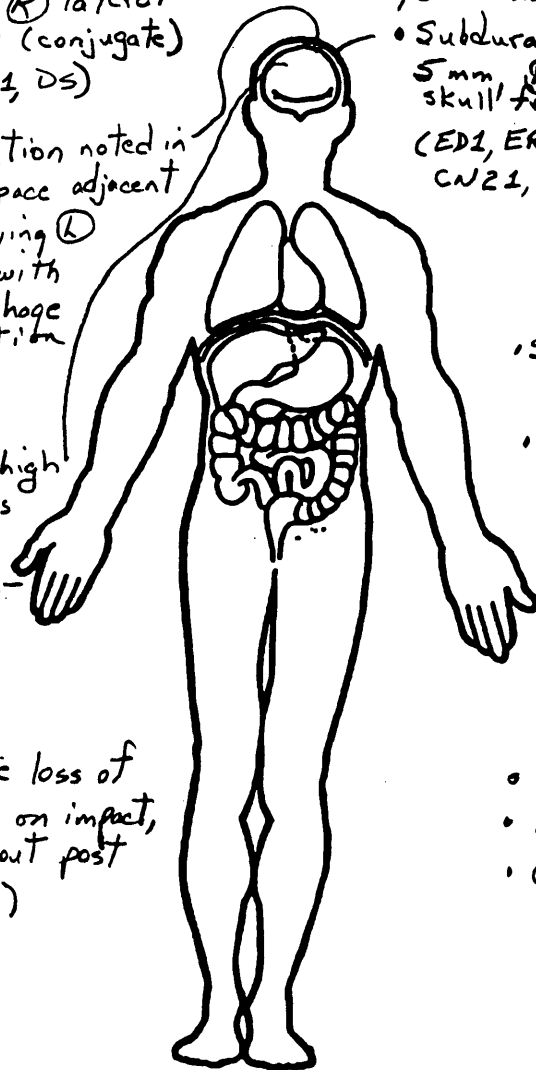
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- TM's shiny (ED1)
- Onset of \textcircled{R} lateral gaze in ER (conjugate) (ED1, CN1, FU1, DS)

- High attenuation noted in extra-axial space adjacent to Falx overlying \textcircled{L} frontal lobe with acute hemorrhage in that location (EX1)

- Small area of high attenuation is present in \textcircled{R} frontal cortex-hemorrhage (EX1, FU1)

- No definite loss of consciousness on impact, child cried out post impact (DS)



- Subdural hematoma, 5mm, \textcircled{L} parietal, underlying skull fracture (ED1, ER1 or, EX1, FU1, FU2, ER2, CN21, CN22, CN23, CN24, DS)

- Subarachnoid hemorrhage in frontal region (FU1, CN24, DS)

- Supratentorial subdural hematoma (CN23, CN24)

- Evidence of \textcircled{R} occipital white matter shearing injury (CN23, CN24, DS)

- Increase in \textcircled{L} subdural bleed (CN23, CN24, DS)

- Chest negative (EX1, DS)
- Abdomen negative (EX1, EX2)
- C-spine negative (EX1)

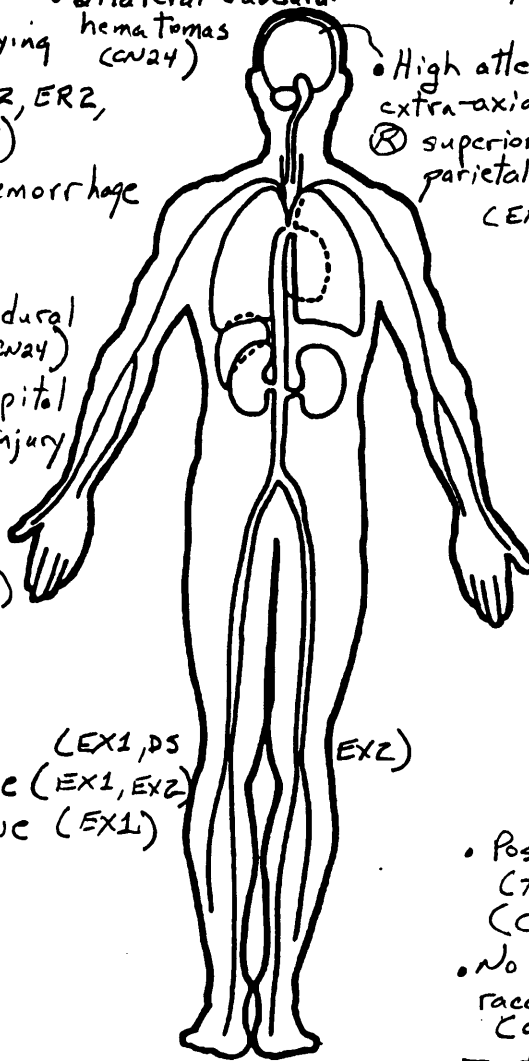
- Seizure in $\textcircled{\hspace{1cm}}$ (FU1, FU2, PN2, CN23, CN24, CN22)
- US emesis (CN22)

- Awake, alert, pale (ED1, DS)

- Bilateral subdural hematomas (CN24)

- Moves all extremities when disturbed (CN1, DS)

- High attenuation, approx \textcircled{R} superior posterior parietal lobe (EX1)



- Positive Babinski (toes upgoing) (CN22, CN24, DS)
- No Battle's sign or raccoon's eyes (CN22)
- TM's clear (CN22, DS)

* Tympanic Membranes

CAUSE OF DEATH

Not Applicable

ICD-9-CM

800.3 closed skull fracture with intracranial hemorrhage
 801.20 closed basilar fracture with subarachnoid, subdural, +
 extradural hemorrhage

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	<i>Not Tested</i>	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

FU = Follow-up visits to family physician LB = Laboratory Reports from Hospital Patient Transferred to
EE = Electroencephalogram Report

TR = Transfusion Record

MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY

NAME

[REDACTED] WI

AGE 01M
SEX M
M/S S

DOB [REDACTED]
SSN [REDACTED]
TEL [REDACTED]

MED REC#
COUNTY
F/C
RELIGION CATH

PT [REDACTED]

PREV NAME

7 weeks

PREV STAY
RELIGION [REDACTED]

NOTIFY IN CASE OF EMERGENCY

AUNT

NEXT OF KIN

ADV. DIR.

SAME AS PT

EMPLOYER

[REDACTED] WI

NA

TELEPHONE

[REDACTED]

ATTENDING PHYS

ADMITTING PHYS

REFERRING PHYS

SURGEON

PT ACCT #

ADMITTED BY

ADMIT DATE

DISCH DATE

ADMIT TIME 0831

DISCH TIME

RELATIVE NOTIFIED N : DATE OF ONSET

ARRIVAL MODE 0

POLICE NOTIFIED N : TIME OF ONSET

MODE DETAIL

SOURCE OF INFORMATION--RELATIONSHIP--TELEPHONE

CURRENT COMPLAINT

MVA

ACCIDENT LOCATION

801.20
800.3
E812?

EMERGENCY OUT-PATIENT CARE RECORD

MODE OF ARRIVAL

☐ WALK ☐ CARRIED ☐ WHEEL CHAIR

 WALK
☒ AMBULANCE

CURRENT COMPLAINT

Involved MVA

NURSING HX ASSESSMENT - TIME

0820 Carried to ER by EMT.

In driver's seat of auto, stopped in impact seat.
 Auto on auto & possible accident. Child pale, skin
 cool & dry. Breathing & sucking pacific. Completely
 disoriented & no motoric activity on trunk extremities.
 Head symmetrical, no motoric activity. Fontanelle soft.

DATE:

NAME:

BIRTHDATE:

P.M.D.:

ER PHYS.:

PT. ACCT. NO.:

TIME	BP	P	R	S.O ₂	TEMP
0820		164	48	96-100%	on RA

NURSE SIG. X

PHYSICIAN HX AND EXAM:

Child was stopped in an infant seat
 in auto involved in MVA. Child brought
 to ER, awake, alert, pale, no obvious
 deformities. Child has no history of medical
 problems. Problems: Child is awake
 P.R. Child is awake, low arched pale.
 Pupils equal & reactive. TM's shiny, shiny.
 Neck supple. Neck supple.
 Lungs - clear. Heart - No murmurs or gallops.
 Abdomen - No masses or tenderness.
 Genitalia - Normal.
 Moves all extremities.

LAST TET. TOX:

CURRENT MEDS:

ALLERGIES:

ABG		
Amylase		
Blood Alcohol		
CBC		
Chem		
Culture		
Glucose		
Pregnancy		EKG
Trauma Pack		HHN with
UA		Repeat HHN

X-RAYS

 CT-head 3v CT-abd 3v
 CT-chest 3v

TREATMENTS - MEDICATIONS

GIVEN

 0830 wrapped in warm
 blanket. Color remains
 pale. Sighing

PHYSICIAN'S DIAGNOSIS

Subdural Hematoma

DISCHARGE CRITERION

Guarded

PHYSICIAN INSTRUCTION & FOLLOW-UP:

 1) At [redacted] nursery, [redacted]
 2) Child transferred to [redacted] - capsule of endotracheal intubation of child

PHYSICIAN SIGNATURE X

DISPOSITION

 HOME ☐ ADMIT ☐ P.M.D. OFFICE ☐ EXPIRED ☐

 TRANSFER ☒ [redacted] Per Meds WITH R.N. ☐ TIME

COPY OF RECORDS SENT WITH PATIENT:

☐ CHART ☐ LAB ☐ X RAYS

DISCHARGE TIME

1012

HERE NOTIFIED SPECIFY

FAMILY ☒ ☐ Grandmother, auntPOLICE ☒ ☐ [redacted]CORONER ☐ ☐

FORM NO. 2008

MEDICAL RECORDS

115A

**EMERGENCY
DEPARTMENT 95
NOTES**

Date/Time

0845 Lab here. (1) heel stick done. Wimpered but little cry during blood draw. HR 140 RR 32. Left lower area (2) posterior occipital area - baby fusses when this area touched. Dr. [redacted] advised of condition & checked baby. Eyes open & gaze to right. Spontaneous & suck present. Child is [redacted] [redacted]. [redacted] of soft brown stool; changed. Abd. soft.

0900 CT & C-spine X-rays ordered. Remains pale. Skin cool & dry. Wimpered occasionally. Temp 97.6 rectal.

0910 Father present. Wimpered occasionally while being held. Pale, skin cool, dry.

0915 To CT. Dying. HR 132 @ RR 30. Dr. [redacted] present for CT.

0930 On CT RR 36 Dying. Color some.

0932 HR 132 RR 40 Repositioned for CTs of Abd & Chest. Moves all extremities when disturbed.

0940 Crying. Pacifier given. HR 144 RR Crying 48. Little color change & crying. Bundled to maintain warmth. Slight ↑ in size of scalp hematoma.

0955 C-spine X-rays taken - Weeping intermittently. When eyes open - gaze to right. Color unchanged. HR 156 RR 48. Hematoma [redacted] (R) head ID band on (R) ankle. Dr. [redacted] to try to [redacted] child.

1000 Moving all extremities. Crying softly. Gaze to right. Abd. soft. Fontanel more firm but still soft. Bundled for warmth.

1005 Returned to X-ray. Dr. [redacted] advised of 2nd hematoma.

1010 Medix Paramedic unit here for transfer. Re. [redacted] by Dr. [redacted]. Report to [redacted].

1012 Transferred to ambulance.

Signature

[redacted] RN

Page

1 of 1

PATIENT NAME:

MED REC #:

PHYSICIAN:

ROOM #: ER

DOB:

DATE: 11/19/95

EXAM: CT OF ABDOMEN, HEAD, CHEST

REASON FOR CT SCAN: MVA ACCIDENT

AREA OF INTEREST:

CT OF HEAD, CHEST AND ABDOMEN WITH TOPOGRAM:

CLINICAL HISTORY: MVA.

PROCEDURE: CT scan of the chest, abdomen and head with axial 8 mm scans without IV contrast injection.

FINDINGS:

There is a left temporal parietal skull fracture that extends from the temporal bone to the parietal convexity. There is no definite depression. There is also a mildly comminuted right superior parietal skull fracture with a small calcific fragment displaced about 2 mm from the inner table. There is a scalp hematoma overlying the left temporal-parietal skull fracture.

There is a subdural hematoma of about 5 mm thickness in the left parietal area underlying the skull fracture. The extra-axial space overlying the left temporal and frontal lobes is widened with increased density of the CSF in this area. A small amount of high attenuation is noted in the extra-axial space adjacent to the falx overlying the left frontal lobe compatible with acute hemorrhage in that location.

There also is high attenuation that appears to be extra-axial in location that overlies the superior posterior right parietal lobe. A small area of high attenuation is present in the right frontal cortex.

The ventricular system is normal in size, without evidence of mass effect or midline shift.

The chest shows no definite mediastinal hematoma. The lung fields are negative for evidence of focal infiltrate or pneumothorax.

Abdominal scans show normal size liver and spleen without definite hematoma. Soft tissue opacity in the area of the pancreas could be unopacified bowel loops but a hematoma cannot be excluded. No cul-de-sac fluid was identified.

CT SCAN WITH TOPOGRAM REPORT

PATIENT NAME:

MED REC #:

PHYSICIAN:

ROOM #: ER

DOB:

DATE: [REDACTED]/95

EXAM: CT OF ABDOMEN, HEAD, CHEST

REASON FOR CT SCAN: MVA ACCIDENT

AREA OF INTEREST:

IMPRESSION:

1. Left temporal-parietal skull fracture with an underlying subdural hematoma that shows intermediate and high density components.
2. High attenuation extra-axial hemorrhage in the right posterior superior parietal area.
3. Small amount of high attenuation adjacent to the anterior left falx, possibly part of the subdural hematoma described previously or a second extra-axial hemorrhage collection.
4. Small right frontal cortical hemorrhage.
5. Superior right parietal skull fracture which is mildly comminuted with a small fragment depressed about 2 mm.
6. No definite abnormality of the chest and abdomen although unopacified bowel loops are seen and prevents exclusion of hematoma in the pancreas.

MD

M.D.
Radiologist

D & T: [REDACTED]/95

cc: Medical Records

Attending Physician:

Radiology

Radiologist

CT SCAN WITH TOPOGRAM REPORT

PATIENT NAME:

MED REC #:

PHYSICIAN:

ROOM #: ER

DOB:

DATE: 04/95

EXAM: LATERAL CERVICAL SPINE

REASON FOR X-RAY: MVA

LATERAL CERVICAL SPINE:

No fracture or subluxation was seen. There is prominence of the anterior soft tissues at the C4-C6 level although this could be related to the phase of inspiration. A previously described skull fracture is visible in the left parietal area.

IMPRESSION: Negative lateral cervical spine, without evidence of a fracture or subluxation.

Radiologist

, M.D.

D & T: 04/95

cc: Medical Records

Attending Physician:

Radiology

Radiologist

RADIOLOGY REPORT

117A

EMERGENCY DEPARTMENT

Transfer Form

1/95

+ Reason for Transfer Auto Accident - skull fracture

+ Receiving Facility has Accepted Patient: [REDACTED]
Name of Facility [REDACTED]
Name of Receiving MD [REDACTED]
Name of Nurse Receiving Report Emergency Dept.

✓ Report to Receiving Facility:

✓ Copies of Chart Sent: ER Record ✓
X-rays ✓ (CT)
Lab ✓
EKG ✓
Other ✓

✓ ID Band On

✓ Family Here + Notified ✓

✓ Clothing/Belongings to father & grandmother

✓ Appropriate Means of Transport: [REDACTED] Ambulance
Type of vehicle

✓ Persons Accompanying Patient: paramedic squad
(MD, RN, RT, EMT, etc.)

Condition of Patient at Time of Transfer: Stable
(MD to complete)

PHYSICIAN'S CERTIFICATE OF TRANSFER

I hereby certify that, based on the information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another facility, and the transfer itself, outweigh the increased risk to the individual and, in the case of labor, to the unborn child. This certification is based on:

Benefits: It requires neurosurgery consultation

Risks: Expanding hematoma hematoma

All transfers have inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence and the limitations of equipment and personnel present in the vehicle.

[REDACTED] MD [REDACTED] MD [REDACTED] 1/95
Print Physician Name Physician Signature Date Time

MEDICAL RECORDS
FROM FACILITY TO WHICH
OCCUPANT WAS TRANSFERRED AND HOSPITALIZED

VISIT NUMBER
 SERVICE
 EMERGENCY MEDICINE
 EMERGENCY ROOM

INITIALS

MEDICAL RECORD NO.

ADM DATE

ADM TIME

/95 11:09 EM

PATIENT NAME

DATE OF BIRTH

AGE

SEX

RACE

RELIGION

FATHER / MOTHER / PATIENT

GUARDIAN / CUSTODY

PARENTS

PMD

PMD PHONE

J M M W N AMBULA

MISCELLANEOUS

PRE-HOSPITAL INFORMATION

SUBJECTIVE

6 week old WM transferred from [redacted] ER for further evaluation and treatment of head trauma reportedly sustained after Opt was in an MVA. Details unavailable and no parent/guardian accompanied infant during transport via paramedics.

ATTENDING NOTE

WT 4.12kg BIRTH WEIGHT T 37.5 P 158 R 42 BP 102/16

OBJECTIVE

crying but consolable; pale AP soft + flat, PERLL/EDMI; no uterine hemorrhages visualized or lacerations, bleeding, or bruises to scalp prefers to gaze to @ side such poor move all 4 well; withdraws from pain lungs - clear cor - reg. rhythm 5 @. Pulses + 142 abd - soft, nontender, + nondistended & HBM skin - @ bruise wt - @ gross deformity.

ACU.

LOG.

CHG.

BWT.

ASSESSMENT

head trauma - reportedly occurred while child was restrained in infant seat. CT scan from [redacted] reveals @ and @ sides nondisplaced skull fracture, and @ small subdural hemo from [redacted] 8-6. CBC, AST, ALT, amylase, T + C for 2 adult units of blood - urine for U/A @ micro - IVF: D5 0.2NS TRA 20cc/hr. CXR - PA + LATERAL - SKULL X-RAYS - CT scan of abdomen w/ contrast -

DIAGNOSIS:

- 1 head trauma
- 2 @ and @ parietal skull fractures
- 3 subdural hematoma
- 4 anemia
- 5 MVC

AST 48 ALT 38 amylase 9

DISPOSITION

HOME

OTHER

NAME				DATE				NAME						
AGE	D.O.B.	SEX	ARRIVAL TIME	TRIAGE TIME	TRIAGE CATEGORY	ALLERGIES			SEX					
6yrs		M	1055		UN	P			MEDICAL RECORD NUMBER					
CHIEF COMPLAINT					WGT:			DATE OF BIRTH			VISIT NUMBER			
MVA skull fx. Transfer from [redacted]					4.12			1			PG 1 OF			
CURRENT MEDICATIONS:					B.W.			TETANUS			INJURY			
ACETAMINOPHEN DOSE:								UTD			DATE: TIME:			
TIME:					NOT UTD			NO			YES			
PERTINENT PMH					CAUSE:			PROTECTION:			LAP BELT			
b					LOCATION: MVA - car seat front seat			SHOULDER BELT			HELMET			
RECENT EXPOSURE					INITIAL ASSESSMENT			AIRBAG			OTHER			
C. POX					ALERT / ACTIVE			EYES CLEAR			MUCUS MEMBRANES MOIST			
SICKLE CELL					Tale, moves all extremities. Fussy			Eyes deviated to R, only moves to			INITIAL SIGNATURE			
POS					Cries, moves all extremities. Fussy			Eyes deviated to R, only moves to			INITIAL SIGNATURE			
NEG					Cries, moves all extremities. Fussy			Eyes deviated to R, only moves to			INITIAL SIGNATURE			
TRAT					Cries, moves all extremities. Fussy			Eyes deviated to R, only moves to			INITIAL SIGNATURE			
UNKNOWN					Cries, moves all extremities. Fussy			Eyes deviated to R, only moves to			INITIAL SIGNATURE			
TIME					NURSING NARRATIVE					IV SOLUTION #1				
1055 MVA Placed in room 4					D5 in .25					VOLUME INFUSED				
According to MD EKG monitor showed tachycardia					SITE 24 ga. orig					RATE				
1100 That work drawn off IV line					SITE 24 ga. orig					RATE				
BB # [redacted] Quilt procedure					SITE 24 ga. orig					RATE				
1105 R/V added. Straight cathed 5					SITE 24 ga. orig					RATE				
difficultly clear yellow urine.					SITE 24 ga. orig					RATE				
Chemstrip 160. Awaiting parents.					SITE 24 ga. orig					RATE				
1115 Nesting quietly. Less pale.					SITE 24 ga. orig					RATE				
1130 A: Labs sent. Pt asleep					SITE 24 ga. orig					RATE				
on cart.					SITE 24 ga. orig					RATE				
1140: A: To X-ray					SITE 24 ga. orig					RATE				
1200: A: To CT scan, alert, stable					SITE 24 ga. orig					RATE				
1220 Returned to ER. Condition same.					SITE 24 ga. orig					RATE				
Surgeon, neurosurgeon & PICU consulted.					SITE 24 ga. orig					RATE				
ADM CALLED @ 4677 PICU - 15					SITE 24 ga. orig					RATE				
REPORT TO [redacted] RN @ 1305					SITE 24 ga. orig					RATE				
Disposition: Time: 1345					SITE 24 ga. orig					RATE				
<input checked="" type="checkbox"/> Parent, Guardian					SITE 24 ga. orig					RATE				
<input type="checkbox"/> MPD/CPS					SITE 24 ga. orig					RATE				
<input type="checkbox"/> Admit					SITE 24 ga. orig					RATE				
<input checked="" type="checkbox"/> Asleep					SITE 24 ga. orig					RATE				
<input type="checkbox"/> W/C, Cart					SITE 24 ga. orig					RATE				
<input type="checkbox"/> Other					SITE 24 ga. orig					RATE				
<input type="checkbox"/> Safety Issues discussed					SITE 24 ga. orig					RATE				
PRIMARY RN [redacted]					SITE 24 ga. orig					RATE				
RN SIGNATURES [redacted] RN/ [redacted]					SITE 24 ga. orig					RATE				

TIME	B/P	P	R	T	POX	TIME	B/P	P	R	T	POX
1100	118/60	78	24	37.8	100	1100	118/60	78	24	37.8	100
1110	124/60	158	37	100	1100	118/60	78	24	37.8	100	100
1130	124/60	158	37	100	1100	118/60	78	24	37.8	100	100
1200	124/60	158	37	100	1100	118/60	78	24	37.8	100	100
1220	124/60	158	37	100	1100	118/60	78	24	37.8	100	100

MEDICAL RECORDS

120A

CONSULTATION REPORT

SERVICE <u>Neurology</u>		C.N.22	
ATTENDING PHYSICIAN <u>[REDACTED]</u>		M.D.	
RESIDENT PHYSICIAN <u>[REDACTED]</u>		M.D.	
<input type="checkbox"/> PHYSICIAN CONSULTATION (CONSULTING PHYSICIAN) <input type="checkbox"/> 1. CONSULTATION, OPINION AND RECOMMENDATION ONLY <input type="checkbox"/> 2. CONSULTATION AND MANAGEMENT OF STATED CONDITIONS <input type="checkbox"/> 3. CONSULTATION AND TRANSFER TO YOUR SERVICE FOR COMPLETE MANAGEMENT		<input type="checkbox"/> INPATIENT/ROOM NO. <input type="checkbox"/> OUTPATIENT/CLINIC NAME REASON FOR CONSULTATION <u>MVA, acute SDH</u>	
<input type="checkbox"/> NURSING CONSULTATION (NURSE NAME)			
<input type="checkbox"/> OTHER CONSULTATION (SERVICE NAME)			
DATE REQUEST CONFIRMED		INITIALS OF UNIT SECRETARY	
CONSULTANT'S REPORT OF FINDINGS: DIAGNOSIS AND RECOMMENDATIONS			
<p>Hx: 6 wk old \rightarrow involved in MVA ~ 0830. Seated in rear facing car seat in front passenger seat driven by Grandmother. car Air bag inflated upon impact. δ definite LOC (initial history not clear), has remained awake and crying but consolable. δ H/o emesis.</p> <p>At the time of the accident, the infant was in the car seat and was not restrained.</p> <p>activity. δ hemodynamic compromise.</p> <p>PMHx: Unremarkable delivered via NSVD δ forceps.</p> <p>CT of head <u>[REDACTED]</u> \rightarrow 3mm \odot parietal SDH and small intra-hemispheric SDH. Bilat nondisplaced skull fx. Basilar fractures and subarachnoid spaces open. δ midline shift. δ subarachnoid thymal hemorrhage.</p> <p>Exam: Awake, cries strongly \pm interventions but consolable. HE δ symmetrically to tactile stimulation.</p> <p>Conjugate gaze to \odot, will not cross midline. Pupils 3mm, reactive bilat. no red reflex on funduscopic exam. δ no retinal hemorrhage.</p> <p>Physical exam: \odot parietal subgaleal soft tissue swelling</p>			

CONSULTATION REPORT

SERVICE	Peds Surg	MEDICAL RECORD
ATTENDING PHYSICIAN	[REDACTED]	DATE OF BIRTH
RESIDENT PHYSICIAN	[REDACTED]	VISIT NUMBER
<input type="checkbox"/> PHYSICIAN CONSULTATION		<input type="checkbox"/> INPATIENT/ROOM NO.
		<input type="checkbox"/> OUTPATIENT/CLINIC NAME
		REASON FOR CONSULTATION
(CONSULTING PHYSICIAN)		
<input type="checkbox"/> 1. CONSULTATION, OPINION AND RECOMMENDATION ONLY		
<input type="checkbox"/> 2. CONSULTATION AND MANAGEMENT OF STATED CONDITIONS		
<input type="checkbox"/> 3. CONSULTATION AND TRANSFER TO YOUR SERVICE FOR COMPLETE MANAGEMENT		
<input type="checkbox"/> NURSING CONSULTATION (NURSE NAME)		
<input type="checkbox"/> OTHER CONSULTATION (SERVICE NAME)		
DATE REQUEST OR REFERRED	INITIALS OF UNIT SECRETARY	
CONSULTANT'S REPORT OF FINDINGS, DIAGNOSIS AND RECOMMENDATIONS		
<p>Rt is black old WM, transferred from [REDACTED] for eval of mntb skull fr's, small subdural hematoma. Initial P of 156 - stable. Retained infant scrub, front of the vs Initial VS 102/dop 142-168, crying, 52-60 Sats 100% RA Wt 9.12 kg T 37° Pulse. No IVF @ [REDACTED] Fatigueless. No periorbitally to [REDACTED], but does look [REDACTED]. No lacer. MACE. No spasticity. Eyes occasionally. N. deformity. Chest clear. No deformity. Regular. Abl Soft. D.H.S. [REDACTED] → 6.8 / 16.3 AST 4X Amy 9 [REDACTED] ALT 3x Skull has [REDACTED] for, pointed (B). OT chest (obscure) [REDACTED] OT Abl (here) No solid organ injury. No pelvic fluid AIP Infant note [REDACTED] trauma, skull fr, anemia. Small ① Subdural [REDACTED] Adult Physician [REDACTED] Report CHH</p>		
SIGNATURE	DATE	
SIGNATURE		

CONSULTATION REPORT

CN22 (cont'd)

SERVICE <u>Neurosurgery</u>			
ATTENDING PHYSICIAN <u>[Redacted]</u>		M.D.	
RESIDENT PHYSICIAN <u>[Redacted]</u>		M.D.	
<input type="checkbox"/> PHYSICIAN CONSULTATION (CONSULTING PHYSICIAN) <input type="checkbox"/> 1. CONSULTATION, OPINION AND RECOMMENDATION ONLY <input type="checkbox"/> 2. CONSULTATION AND MANAGEMENT OF STATED CONDITIONS <input type="checkbox"/> 3. CONSULTATION AND TRANSFER TO YOUR SERVICE FOR COMPLETE MANAGEMENT		<input type="checkbox"/> INPATIENT/ROOM NO. <input type="checkbox"/> OUTPATIENT/CLINIC NAME REASON FOR CONSULTATION Page 2/2	
<input type="checkbox"/> NURSING CONSULTATION (NURSE NAME)			
<input type="checkbox"/> OTHER CONSULTATION (SERVICE NAME)			
DATE REQUEST CONFIRMED		INITIALS OF UNIT SECRETARY	
CONSULTANT'S REPORT OF FINDINGS: DIAGNOSIS AND RECOMMENDATIONS			
(Exam cont.) <u>8 Battle's</u> <u>8 Laccos</u> <u>TM's clear</u> <u>glaciations</u> <u>Mono symmetric.</u> <u>Bilat TT toes</u> <u>8 clonus</u> <u>AF soft, good pulsations.</u> <u>Sutures not diastolic</u> (last part) Top of head <u>2nd MVA</u> right side <u>left side</u> <u>Fr 3</u> <u>acute SDH.</u> <u>GCS=14</u> <u>E=4</u> <u>M=6</u> <u>V=4</u> <u>Plan: Agree to admit to PICU for serial neuro exams.</u> <u>↑ HOB</u> <u>30°, maintain normotension.</u> <u>Repeat CT of head in am</u> <u>or sooner if any Δ in neuro exam.</u> <u>Consider prophylact</u> <u>load to AED's.</u> <u>Need to clear spine radiographically.</u> <u>[Signature]</u>			
SIGNATURE		DATE <u>1/95</u>	

MR#:

DOS: 95

CN 23

Patient examined, history and chart reviewed. Labs scheduled, reviewed and revised (1 hour).

CHIEF COMPLAINT: MVA victim restrained in front seat in an infant seat and sustained left and right skull fractures and an acute subdural.

INTERVAL HISTORY: Summarized in house officer's notes. Overnight had continued to drop Hct. When his Hct had fallen below 18, he was transfused with 100 cc of PRBC's. He has remained hemodynamically stable. This a.m. he had a seizure which lasted less than 5 mins and is described as bicycling of his lower extremities and tonic-clonic movements of his left arm.

PHYSICAL EXAM: Summarized in house officer's notes. This morning prior to seizure, the pt was awake and alert. He not only gazed to the right but was able to look to the left also. He moved all 4 extremities equal. His anterior fontanelle was open and soft. He had a good cry and a good suck. Lungs are clear, and heart was regular without murmur. Abdomen was soft.

LAB VALUES/X-RAYS: Summarized in house officer's notes. Hgb was 11.5 and Hct was 35.1. Had 277,000 platelets. White count of 8.8. PT was 12.1, PTT was 32.4, fibrinogen was 391.

ASSESSMENT/PLANS:

1. **CARDIO-RESPIRATORY:** Stable without any problems. We will continue to closely monitor if mental status changes should occur.
2. **FLUIDS,LYTES,NUTRITION:** Pt tolerated taking 2 oz this morning. After seizure, the pt was made NPO. We will likely restart the feeds on the pt early this afternoon after re-evaluation by Neurosurgery.
3. **HEMATOLOGIC:** There is still some concern that pt is continuing to bleed. Latest Hct after transfusion was 35. We will continue to follow this.
4. **NEUROLOGIC:** Pt has had some improvement in neurologic status where he no longer continues in just a right gaze. The 1 seizure this morning is not uncommon following such head trauma. The pt had a repeat CT scan done this morning showing more acute supra-tentorial subdural blood. There was also evidence of a right occipital shearing injury and increase in the previous subdural bleeds. This CT along with the seizure will be re-evaluated by Neurosurgery for their recommendations. We will load the pt with Dilantin.

_____, M.D.

Fellow, _____

_____, M.D.

Associate Medical Director, _____

CONSULTATION REPORT

SERVICE <u>Neurology</u>		CN24	
ATTENDING PHYSICIAN			
RESIDENT PHYSICIAN			
<input type="checkbox"/> PHYSICIAN CONSULTATION (CONSULTING PHYSICIAN) <input type="checkbox"/> 1. CONSULTATION, OPINION AND RECOMMENDATION ONLY <input type="checkbox"/> 2. CONSULTATION AND MANAGEMENT OF STATED CONDITIONS <input type="checkbox"/> 3. CONSULTATION AND TRANSFER TO YOUR SERVICE FOR COMPLETE MANAGEMENT		<input type="checkbox"/> INPATIENT/ROOM NO. <input type="checkbox"/> OUTPATIENT/CLINIC NAME REASON FOR CONSULTATION <u>To evaluate for Sz.</u>	
<input type="checkbox"/> NURSING CONSULTATION (NURSE NAME)			
<input type="checkbox"/> OTHER CONSULTATION (SERVICE NAME)			
DATE REQUEST CONFIRMED		INITIALS OF UNIT SECRETARY	
CONSULTANT'S REPORT OF FINDINGS: DIAGNOSIS AND RECOMMENDATIONS			
<p>Pt. is a 7wk old male s/p MVA on 1/19/95. Pt. was transferred from [redacted] hosp after being found to have (L) & (R) parietal skull frac. & subdural hematomas. Reportedly in the PICU he had a (R) gaze preference & one episode of a TC sz starting from (L) side of the body. A CT on 1/20/95 reported as showing a (L) subdural hematoma, bleeding tentorium, SA bleed in frontal region & shearing injury to (R) occipital white matter. No surg [redacted] was done.</p>			
<p>P.MHX NSVD 39w gestation milestones to date</p>			
<p>FHX Non contral SHx lungs & man.</p>			
<p>Allergy ϕ [redacted] ϕ</p>			
<p>See also staff Note \rightarrow</p>			
SIGNATURE		DATE <u>1/25</u>	

CONSULTATION REPORT

CN 24 (cont'd.)

SERVICE NEUROLOGY	
ATTENDING PHYSICIAN	
RESIDENT PHYSICIAN [REDACTED]	M.D.
<input checked="" type="checkbox"/> PHYSICIAN CONSULTATION	<input type="checkbox"/> INPATIENT/ROOM NO. <input type="checkbox"/> OUTPATIENT/CLINIC NAME
(CONSULTING PHYSICIAN)	REASON FOR CONSULTATION Head trauma
<input type="checkbox"/> 1. CONSULTATION, OPINION AND RECOMMENDATION ONLY <input type="checkbox"/> 2. CONSULTATION AND MANAGEMENT OF STATED CONDITIONS <input type="checkbox"/> 3. CONSULTATION AND TRANSFER TO YOUR SERVICE FOR COMPLETE MANAGEMENT	
<input type="checkbox"/> NURSING CONSULTATION (NURSE NAME)	
<input type="checkbox"/> OTHER CONSULTATION (SERVICE NAME)	
DATE REQUESTED 1/9/85	INITIALS OF UNIT SECRETARY
CONSULTANT'S REPORT OF FINDINGS: DIAGNOSIS AND RECOMMENDATIONS	
<p>Neuro Staff - Hx per Dr. [REDACTED] Exam reveals an infant lying in on, eyes closed, rouses & opens eyes, remains generally quiet but occasionally initiates. Makes fleeting eye contact & follows face. Head is to left, somewhat protruded in type of vertical dimension. AF is flat, sutures sl. open. Pupils reactive, normal. EOM full & conjugate, no nystagmus, sl. tendency to look to left. CN V-XII intact. Motor: symmetrical movements & tone. DTRs: 2+ prominent "Babinski attitudes" of toes. 2+ said to be present in father as well.</p> <p>Imp: S/P head trauma & biparietal skull fx, @ subdural hematomas, & focal epilepsy 3. Seizure this setting can be caused by compression of brain cerebral contusion, instability factor of subdural (+ subarachnoid) hemorrhage; combination of factors.</p> <p>Ref: cont. Q10 target level >10. Test absorption by trying P.O. route & if not levels. (Would anticipate difficulty in maintaining good ADH levels by P.O. route in infant). (Try QB if cannot use ADH)</p> <p>EKG normal D/C. Would D/C on AED Rx and Flu in 2-3 hrs to decide about long term Rx</p>	
SIGNATURE Neuro Clinic	DATE 1/9/85

PATIENT:
MR:
DOB:
AGE: 6 weeks
VISIT #:
ADM. DATE: [REDACTED]/95
DISC. DATE: [REDACTED] 95
PHYSICIAN: [REDACTED], M.D.
RESIDENT: [REDACTED], M.D.

DISCHARGE SUMMARY

ADMITTING DIAGNOSIS:

1. Bilateral nondepressed skull fracture.
2. Subdural bleed.

DISCHARGE DIAGNOSIS:

1. Bilateral nondepressed skull fracture.
2. Subdural bleed.
3. Subarachnoid bleed.

OTHER DIAGNOSES:

1. Seizure secondary to above.
2. Fever rule out sepsis.

PROCEDURES: Lumbar puncture.

HISTORY OF PRESENT ILLNESS: The patient is a 6-week-old white male who on the day of admission was involved in a motor vehicle accident. Grandmother stated that patient was in the front seat in a car seat when she rear-ended a car in front of her traveling at approximately 45 miles per hour. Airbags in her car were engaged. On the scene there was no definite loss of consciousness, with the child reportedly crying out on impact. The patient was brought initially to [REDACTED] Emergency Room where he was noted to be awake and alert with no obvious injuries. The child was noted to have a right-sided gaze bilaterally at that time. Head CT at [REDACTED] showed a left parietal skull fracture with a 5 mm subdural hematoma. Chest CT was grossly normal. The patient was transferred to [REDACTED] Hospital [REDACTED] for further evaluation. A review of the head CT from [REDACTED] showed a left and right subdural nondepressed skull fracture with a small subdural bleed on the left. Of note a hemoglobin in [REDACTED] Hospital [REDACTED] Emergency Room was 6.8. The patient was admitted to the PICU where surgery and neurosurgery consults were obtained.

ADMITTING PHYSICAL EXAMINATION: General: The patient was arousable, crying when examined, sleeping in-between with spontaneous eye opening. Skin: Slightly pale, without laceration or bruising. Head and neck: Eyes: The pupils were equal and reactive to light and accommodation. Sclera not icteric, preferential right gaze. Ears: Tympanic membranes clear bilaterally. Nose: No discharge. Throat/Mouth: Oropharynx clear, moist, pink and without lesions. Respiratory: Lungs clear to auscultation bilaterally, without wheezing, rales or rhonchi. Cardiovascular: Regular rate and rhythm with slight tachycardia. No murmurs, rubs or gallops.

PATIENT:
MR:
DOB:
AGE: 6 weeks
VISIT #:
ADM. DATE: [REDACTED] 95
DISC. DATE: [REDACTED] /95
PHYSICIAN: [REDACTED], M.D.
RESIDENT: [REDACTED], M.D.

Pulses 2/4 bilaterally and symmetrical. Capillary refill less than two seconds. Gastrointestinal: Soft, nontender, nondistended and no masses. Genitourinary: Circumcised male and testes both descended. Musculoskeletal: Moving all four extremities equally. Neurologic: Positive suck, grasp and Moro. Right gaze as above noted. Reflexes 2/5 bilaterally throughout. Babinski's both toes upgoing.

HOSPITAL COURSE: The patient was admitted to the PICU where surgical consult was obtained. Their recommendation included to admit to the PICU, to monitor for any neurological changes with neurological checks and a neurosurgery consult. Neurosurgery consult was obtained, who recommended:

1. Admit to PICU for serial neurological exams.
2. Maintain head of bed at 30 degrees.
3. Maintain normal volemia.
4. Repeat CT of the head in the morning or sooner if there are any changes in neurological exam.

At this time it was felt there was no need for surgical intervention. Of note, in the PICU was a persistence of the right lateral gaze which resolved on [REDACTED] 95. On [REDACTED] 95 the patient had a tonic clonic seizure which was felt to be a normal sequelae of injury suffered in the motor vehicle accident. A head CT obtained on [REDACTED] 95 showed an increase of the left subdural hematoma bleeding along the tentorium, subarachnoid bleeding in the frontal region and a shearing injury to the right occipital white matter. Also of note, in the PICU the patient had a drop in his hemoglobin requiring a transfusion.

On transfer to the floor on [REDACTED] 95 the patient's hemoglobin was stable. A laboratory draw which showed a decreased hemoglobin to 9.8 from a post transfusion level of 13 was felt to be due to laboratory error. The patient did have a fever spike to 39.0 on [REDACTED] 95 and was started empirically on Rocephin 400 mg IV q.6h. to be given until cultures were negative. Cultures turned out to be negative for 48 hours. The patient did have some persistence of fever which was felt to be secondary to injuries suffered in the motor vehicle accident, specifically with regard to blood in the brain. On [REDACTED] 95 after transfer to the floor, a neurology consult was obtained to evaluate for the seizure episode while in the PICU. The patient was started initially on Dilantin, however it was difficult to obtain consistent levels in the blood and the patient was switched to phenobarbital. An electroencephalogram was obtained on the day of discharge which was consistent with injuries suffered in the motor vehicle accident. There was no epileptiform focus on the electroencephalogram.

PATIENT:

MR:

DOB:

AGE: 6 weeks

VISIT #:

ADM. DATE: [REDACTED] 95

DISC. DATE: [REDACTED] /95

PHYSICIAN: [REDACTED], M.D.

RESIDENT: [REDACTED], M.D.

The patient was kept for observation on [REDACTED] 95 and [REDACTED] 95. The patient continued to have low grade fevers, but again this was felt to be due to the small bleeds the patient suffered. The patient was discharged on [REDACTED] 95 with the head circumference of 39.5, hemoglobin and hematocrit of 10.8 and 31.9 and a phenobarbital blood level of 24.3. The patient on discharge was feeding well and neurologically was awake, alert and moving all extremities. By discharge there was no recurrence of the patient's right conjugating gaze nor any further seizure activity. The patient was discharged in good condition.

DISCHARGE INSTRUCTIONS: The patient was discharged on phenobarbital 10 mg p.o. b.i.d. The patient was to follow-up with private physician, Dr. [REDACTED], on the day following discharge. The patient was also to follow with Dr. [REDACTED] in neurology in one month and Dr. [REDACTED] from neurosurgery in one month with a preclinic CT scan of the head.

PHYSICIAN:

[REDACTED], M.D.

cc: [REDACTED], M.D.
[REDACTED]

D: [REDACTED] 95; T: [REDACTED] 24;

[REDACTED]
RADIOLOGY CONSULTATION

Physician:

Date: [REDACTED]-95 11:59

SKULL ROUTINE /ED/TC EXAM

The examination demonstrates multiple skull fractures involving the right parietal bone in the mid portion, left parietal bone more posteriorly. There is also a suggestion of a fracture in the occipital region but this is only partially visualized. Correlation with computed tomography would be helpful. Definite depression is not noted.

D&T: 16:54/[REDACTED]-95, 19:13

DIAGNOSTIC IMAGING CONSULTATION

Physician:

RADIOLOGY CONSULTATION

Date: [REDACTED]-95 12:00

CHEST PA AND LAT /ED/TC EXAM

The examination shows the heart and vascular to be normal. The lung fields are clear. There is diffuse air and loss of muscle mass throughout. The thalamus is identified. No consolidations are noted.

D&T: 16:53/[REDACTED]-95, 19:15

[REDACTED]
CT IMAGING CONSULTATION

Physician:

Date: [REDACTED]-95 12:40

CT ABDOMEN WITH IV CONTRAST

Axial 5 mm scans were obtained through the abdomen following intravenous contrast. The prior outside studies are unavailable for comparison.

The lung bases are clear. The liver, spleen, pancreas and kidneys show normal enhancement and attenuation characteristics. No focal lesions are identified. The bowel is unremarkable as seen. No large fluid collections are identified that would suggest intra-abdominal or retroperitoneal hemorrhage.

D&T: 13:36/[REDACTED]-95, 17:30

125A

[REDACTED]
CT IMAGING CONSULTATION

Physician:

Date: [REDACTED]-95 08:59

CT HEAD WITHOUT IV CONTRAST

Multiple axial 5 mm. images were obtained through the brain and comparison is made to an outside study from [REDACTED] Hospital of [REDACTED] done on [REDACTED]/95. Again noted is acute subdural hemorrhage along the left cerebral convexity which extends around posteriorly and along the falx. There is also acute subdural hemorrhage along the tentorium and the right posterior falx. A minimal amount of subarachnoid blood is identified superiorly within sulci of the high parietal lobes bilaterally. There is also a small area of subarachnoid hemorrhage within the interpeduncular cistern. In addition, there is acute hemorrhage within the occipital horn of the right lateral ventricle. These findings are all more apparent than on the prior study but are thought to be stable. There is no evidence of mass effect or midline shift. The ventricles and subarachnoid cisterns are stable in appearance. Again noted is a stellate appearing skull fracture involving the left high parietal region.

IMPRESSION:

Acute subdural, subarachnoid, and interventricular hemorrhage as discussed above which is more apparent than on the prior outside CT scan but is thought to be stable.

D&T: 1252/1437/[REDACTED]-95, 15:17

DIAGNOSTIC IMAGING CONSULTATION

Physician:

CT IMAGING CONSULTATION

Date: [REDACTED]-95 12:47

CT HEAD WITHOUT IV CONTRAST

Comparison is made with prior exams dated [REDACTED] and [REDACTED] from 1995.

FINDINGS:

Further resolving of the bifrontal subdural hematoma. No evidence of hydrocephalus, new parenchymal bleeding or mass effect identified.

IMPRESSION:

Further resolution of the subdural hematoma when compared with the prior examination of [REDACTED]-95.

D&T: 11:04/[REDACTED]-95, 17:27

PATIENT:

MR:

DOB:

AGE: 7 weeks

VISIT #:

EEG #:

DATE: [REDACTED] /95

REFERRING PHYSICIAN:

TYPE OF STUDY: Inpatient Routine

, M.D.

(*disch.*)

ELECTROENCEPHALOGRAM REPORT

CLINICAL HISTORY: The patient is a 7-week-old status post motor vehicle accident, with a history of left and right parietal skull fracture.

MEDICATIONS: Phenobarbital, Dilantin.

SEDATION: None.

RECORDING DATA: A 21-channel electroencephalogram was performed in the Clinical Neurophysiology Laboratory. The International 10-20 system of electrode placement was used, and both bipolar and referential electrode montages were monitored. The patient was recorded during the awake and sleep states, as well as during the activation procedure of photic stimulation.

RESULTS: During the awake state with the eyes closed, the background activity consists of a 3-4 Hz theta rhythm, having an amplitude of 40-70 microvolts which attenuates appropriately with eye opening. Beta activity consists of a 20-25 Hz frequency, having an amplitude of 15 microvolts which is distributed diffusely with anterior voltage predominance. With eye opening, the background activity changes to a slightly lower voltage mixture of theta, beta, and delta range frequencies. There is mild asymmetry of the background activity with superimposed slowing seen over the left posterior quadrant as compared to the right.

With drowsiness there is waxing and waning of the posterior rhythm with eventual replacement by a mixture of theta, beta and delta activity. As the patient enters stage II of sleep, there is activation of epileptiform activity with sharp waves and occasional spike wave discharges seen over the right posterior quadrant having phase reversal at electrodes P4, P8 and O2. The epileptiform activity is not associated with a clinical accompaniment.

PHOTIC STIMULATION: Photic stimulation using a step-wise increase in photic frequency varying from 1-30 Hz results in bilateral driving responses from 1-10 Hz. There is no activation of epileptiform activity.

INTERPRETATION: This electroencephalogram is abnormal during the awake and sleep states due to the presence of mild asymmetry of background rhythms with superimposed slowing seen predominantly over the left posterior quadrant. With the onset of drowsiness and sleep, there is activation of epileptiform activity over the right parietal occipital region. The

PATIENT:

MR:

DOB:

AGE: 7 weeks

VISIT #:

EEG #:

DATE: [REDACTED]/95

REFERRING PHYSICIAN: [REDACTED], M.D.

TYPE OF STUDY: Inpatient Routine

epileptiform activity is not associated with a clinical accompaniment. It suggests the presence of a lower threshold for seizures and the potential for seizures of focal onset. The asymmetry of the background with superimposed slowing seen over the left suggests the presence of underlying disruption of cortical activity that may be seen with an insulating lesion such as the subdural hematoma described. Further clinical and/or radiologic correlation is therefore recommended.

PHYSICIAN:

_____, M.D.

cc:

[REDACTED], M.D.

D: [REDACTED] 95; T: [REDACTED] 95;

DISCHARGE
OUTPATIENT RECORDPATIENT DATE/TIME
[REDACTED] / 95 / 3:58 P:

LOCATION ER/OP	PATIENT NAME [REDACTED]	SEX R	DATE OF BIRTH [REDACTED]	MEDICAL RECORD NO. [REDACTED]
VISIT NUMBER [REDACTED]	DATE ADMITTED [REDACTED] / 95	DATE DISCHARGED [REDACTED]	PHYSICIAN [REDACTED]	

***** HEMOSTASIS *****

HEMOSTASIS

.....Prothrombin Time.....		...Partial Thrombo Time...		
Pat	1:1 Mix	INR	Pat	1:1 Mix
Normals:	10.8-12.7	10.8-12.7		21.8-34.0
Units:	sec	sec		sec

Date Time:

(1) 1.19 RESULT VALID ONLY ON COUMADINIZED PATIENTS

***** CHEMISTRY *****

CAPILLARY BLOOD GASES

	pH	PCO2	PO2	HCO3	Total CO2	Base Excess	O2 Saturation
Normals:	7.35-7.45	35-45	40-70	19-25	19-29		90-95
Units:		mmHg	mmHg	mEq/L	mEq/L	mEq/L	%

Date Time:

[REDACTED] 1300 * 7.30 L 40.7 39.3 L (19.6) 20.9 (-5.7) 72.2 L

CHEMISTRY I

	NA	K	Cl	CO2	Anion Gap	Glucose	Acetone
Normals:	135-145	3.5-5.0	98-108	19.0-33.0	9-18		NEG
Units:	mEq/L	mEq/L	mEq/L	mEq/L		mg/dl	

Date Time:

[REDACTED] 1300 * 135 (1) 105 19.7 15
(1) 5.0 NOT HEMOLYZED

ENZYMES

	AST	ALT	LDH	Alk Phos	Gamma GT
Normals:	23-65	3-45	425-975	110-320	15-85
Units:	IU/L	IU/L	IU/L	IU/L	IU/L

Date Time:

[REDACTED] 1100 * 48 38

*** Continued ***

PERMANENT RECORD DO NOT DISCARD

PRE TRANSFUSION BEDSIDE VERIFICATION

UNITED TRANSFUSION SERVICE

WE CERTIFY BEFORE STARTING THIS TRANSFUSION THAT:

THE PATIENT'S NAME, MEDICAL RECORD NUMBER, AND BLOOD BANK BAND NUMBER (WHEN APPLICABLE) ON THE PATIENT'S WRISTBAND MATCHES THE CORRESPONDING INFORMATION ON THE DONOR UNIT TAG AND THIS CERTIFICATION RECORD,

THE DONOR UNIT NUMBER AND ABO AND RH ON THE DONOR UNIT LABEL AND DONOR UNIT TAG MATCH THE CORRESPONDING INFORMATION ON THIS CERTIFICATION RECORD,

THE DONOR UNIT PRODUCT NAME ON THE DONOR UNIT LABEL MATCHES THE CORRESPONDING (ABBREVIATED) FULL PRODUCT NAME ON THIS FORM,

THE DONOR AND PATIENT BLOOD ABO AND RH TYPES ARE COMPATIBLE, AND

THE DONOR UNIT IS NOT OUTDATED.

1995

DO NOT TRANSFUSE IF THERE IS ANY DISCREPANCY

CHECKED AND ADMINISTERED BY:

1. [REDACTED] ^(R.N.)
D.O. [REDACTED] ^(R.N.)
M.D. M.D.

☐ OPERATING ROOM

DATE STARTED:

95

TIME STARTED:

0115

AM
P.M.

BLOOD WARMER USED? ☒ NO ☐ YES

DATE COMPLETED:

95

TIME COMPLETED:

0515

A.M.
P.M.

AMOUNT TRANSFUSED: ☐ ALL ☒ PART 100 ML
ESTIMATE

REACTION SUSPECTED? (SIGNS AND SYMPTOMS OF A TRANSFUSION REACTION MAY INCLUDE CHILLS, FEVER, LUMBAR PAIN, FLUSHING, DYSPNEA, TIGHTNESS IN CHEST, NAUSEA - VOMITING, INCREASED PULSE, HYPOTENSION, HYPERTENSION, OOZING, CARDIAC ARRHYTHMIA, URTICARIA, NON-URTICARIAL RASH, JAUNDICE.)

☒ NO

☐ YES - PERFORM THE FOLLOWING:

1. STOP THE TRANSFUSION.
2. KEEP THE LINE OPEN WITH SALINE.
3. IMMEDIATELY VERIFY IDENTIFICATION OF UNIT & PATIENT.
4. NOTIFY PATIENT'S PHYSICIAN.
5. MONITOR VITAL SIGNS - URINE OUTPUT.
6. FOR M.C.M.C. AND F.M.L.H. TRANSFUSION REACTIONS NOTIFY UNITED TRANSFUSION SERVICE AT M.C.M.C. 257-6321. FOR C.H.W. TRANSFUSION REACTIONS NOTIFY C.H.W. BLOOD BANK AT EXT. 2119.
7. COMPLETE TRANSFUSION REACTION FORM AND FOLLOW STATED GUIDELINES.

ANTIBODY PRESENT:

UNIT ANTIGEN NEGATIVE FOR:

INITIAL INSPECTION: [REDACTED] 0430 95 AM
DATE TIME DATE TIME

PROGRESS NOT SEIZURE CLINIC

DATE: 4/5		HOME PHONE: [REDACTED]		WORK PHONE: [REDACTED]		PARENT/GUARDIAN: [REDACTED] X OPT	
HEIGHT: 5'3" cm		WEIGHT: 25%tile		OFC: 99.6%tile		Menses: Yes No N/A	
IMMUNIZATION: Up to Date No							
SEIZURE TYPE / CLASSIFICATION				FREQUENCY		DURATION / POST Ictal	
1.							
2.							
3.							
New seizure Date last seizure: NSKE since hospitalization				Drug change since last visit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDS / AED'S		TYPE		DOSAGE SCHEDULE		DOSE mg/kg/day	
						LAB LEVEL	
						Date Time Result	
1. ABACBITOL		20mg/5ml		10mg mg mg 10mg			
2.				mg mg mg mg			
3.				mg mg mg mg			
4.				mg mg mg mg			
OTHER MEDICATIONS: pediatric pen						Exam	
RN COMMENTS: FUP SP MVA in hospital skull fracture (h), subdural hematoma. Seen by Dr. [REDACTED] - last visit per mom - Dr. [REDACTED] stated "I find no progression when compared to CT in 4/9/99"							
MD COMMENTS:							
EEG:				Lab Results:			
SEIZURE							
GENERALIZED				PARTIAL		<input type="checkbox"/> OTHER	
<input type="checkbox"/> T/C				<input type="checkbox"/> Simple			
<input type="checkbox"/> Atonic				<input type="checkbox"/> Complex			
<input type="checkbox"/> Absence				<input type="checkbox"/> 2nd Gen			
<input type="checkbox"/> Atypical/Absence							
<input type="checkbox"/> Myoclonic							
Plan:							
Next Visit Date: [REDACTED] <input type="checkbox"/> OVER							
REFERRING M.D.				SIGNATURES			
Name: [REDACTED]				Neurologist: [REDACTED]			
Address: [REDACTED]				Resident: [REDACTED]			
[REDACTED] WF [REDACTED]				RN: [REDACTED]			
Phone: [REDACTED]				OTHER: [REDACTED]			

MEDICAL RECORDS
FROM
FOLLOW-UP PHYSICIAN VISITS

DATE, PROBLEM NO., TITLE FINDINGS (SUBJECTIVE, OBJECTIVE, ANALYSIS, PLANS)

11-95

Wt. 9# 10mg Head Circumference
 Flu H 39.5 TP! Meds
 Hosp. Phenobarb 10mg
 H & H 11/6 10.8 BID
 31.9 { Hemoglobin
 NT OK & off in hosp. { Hematocrit

95

S: He is a 7-week-old here for follow-up of his skull fracture. He was seen here in the ER on 11-95 because of bilateral skull fracture, subdural hematoma and right frontal cortical hemorrhage sustained secondary to an MVA. Transferred to [redacted] Hospital and stayed there for about a week. He had a right conjugate gaze on presentation in the ER and the following day had a seizure in the ICU. He was placed on Phenobarb which he is still taking, 10 mg b.i.d. They also did a spinal tap which showed subarachnoid hemorrhage. His hemoglobin was 8.5 from a newborn hemoglobin of 15. He received one blood transfusion. He was sent home yesterday and has appointments with neuro and neurosurgery in a month. He is doing fine according to the mom with an H&H yesterday of 10.8 and 31.9. The mother noted a facial rash this morning.

O: Alert, active, happy looking. HEENT, normocephalic. Fontanel is soft with a head circumference at the 50th percentile. TM x2 normal. Pupils equal and reactive to light with full EOM. Nose and throat not congested. Neck supple. No adenopathy. Lungs clear. Heart, normal sinus rhythm, no murmur. Abdomen soft. No palpable mass. Extremities, no deformities. CNS, he is able to move all extremities symmetrically, although there is a mild decrease in tone of the right upper extremity on passive movement. Suck is good with no facial asymmetry. Reflexes are good. Skin showed a fine papular rash, slightly erythematous on the face and upper chest.

Cont'd

PEDIATRIC

CLINIC,
PROGRESS NOTE

DATE, PROBLEM NO., TITLE	FINDINGS (SUBJECTIVE, OBJECTIVE, ANALYSIS, PLANS)
--------------------------	---

95
cont'd.

A: Status post hospitalization for bilateral skull fracture, subdural hematoma and cortical and subarachnoid hemorrhage. The patient is recuperating. Skin rash, nonspecific.

P: Continue Phenobarbital. May use Hydrocortisone 1% to rash 2-3 times a day. Will give immunizations today with OPV and Hepatitis B #2. Will hold off on Tetramune until CNS status is stable. Return in one month.

MD/

95
Length
Legs 23 1/2 in
WB: 11 # 1/2 g
H.C. 39 cm

Follow-up MVA. going to
on [redacted] for CT scan

CPA

95

S: [redacted] is here for follow up. Child had multiple skull fractures subdural, dural and parenchymal bleeding following a motor vehicle accident. He was admitted to [redacted] Hospital in [redacted] for observation and treatment. He did have one transfusion for anemia. On phenobarbital 30 mg. b.i.d. because of a transient other seizure while at [redacted] Hospital. He had a follow up appointment with a neurosurgeon and a neurologist at [redacted] Hospital this week.

O: Happy, healthy looking infant, good color. ENT normal. Scalp normal. No signs of swelling noted. Neck supple. Heart normal. Chest clear. Abdomen negative.

A: Child is status post multiple head injury following motor vehicle accident.

P: Advised to follow up with the neurosurgeon and neurologist.
M.D./

Appendix M:

NASS CDS OCCUPANT ASSESSMENT FORM:

VEHICLE #2 DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9521
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 72
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 163
Code actual height to the nearest
centimeter.
(999) Unknown
64 inches X 2.54 = 162⁵⁶ centimeters
8. Occupant's Weight 079
Code actual weight to the nearest
kilogram.
(999) Unknown
175 pounds X .4536 = 79³⁸ kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

3

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use 4</p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p> <p>29. Police Reported Air Bag Availability/Function 0</p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[] Not equipped/not available/destroyed or rendered inoperative</p> <p><input checked="" type="checkbox"/> Vehicle inspection</p> <p>[] Official injury data</p> <p>[] Driver/occupant interview</p> <p>[] Other (specify): _____</p> <p>[] Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p> <p>_____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0</p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0</p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 000

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
- (00) Not equipped/not available
(01) Not damaged
(02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle
(06) Thermal burns
(07) Rescue or emergency efforts
(88) Other damage source (specify):

(95) Damaged, unknown source
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown
45. Was The Air Bag Tethered? 0
- (0) Not equipped/not available
(1) No
(2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
46. Did The Air Bag Have Vent Ports? 0
- (0) Not equipped/not available
(1) No
(2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag
(7) Not deployed
(8) Unknown if deployed
(9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
- (0) Not equipped/not available
(1) No
(2) Eyeglasses/sunglasses
(3) Contact lenses
(4) Deployed, unknown if eyewear worn
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
- (0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify):

(9) Unknown
50. Seat Type (this Occupant Position) 06
- (00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Box mounted seat (i.e., van type)
(10) Other seat type (specify):

(99) Unknown
51. Seat Orientation (this Occupant Position) 1
- (0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
- (0) Occupant not seated or no seat
(1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
(3) Seat between forward most and middle track positions
(4) Seat at middle track position
(5) Seat between middle and rear most track positions
(6) Seat at rear most track position
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

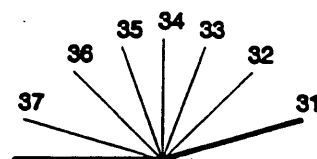
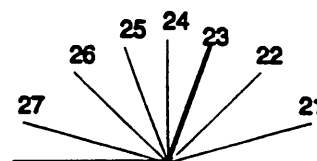
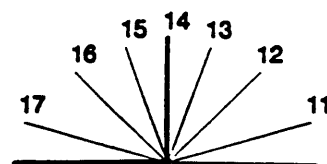
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident.
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____

(97) Other result (includes fatal ruled disease) (specify): _____

(99) Unknown _____

70. Number of Recorded Injuries for This Occupant 06
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility.
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

Appendix N:

NASS CDS OCCUPANT INJURY FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9521

3. Vehicle Number 02
4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st Laceration mid forehead	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>06</u>	9. <u>00</u>	10. <u>1</u>	11. <u>7</u>	12. <u>004</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
2nd Fractured Tooth	16. <u>7</u>	17. <u>2</u>	18. <u>5</u>	19. <u>14</u>	20. <u>04</u>	21. <u>1</u>	22. <u>8</u>	23. <u>005</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>
3rd L Contusion upper arm	27. <u>7</u>	28. <u>7</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>058</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
4th R Abrasion knee	38. <u>7</u>	39. <u>8</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>007</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
5th R Contusion knee	49. <u>7</u>	50. <u>8</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>007</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
6th R Contusion ankle	60. <u>7</u>	61. <u>8</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>1</u>	67. <u>254</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	---	---	---	---	---	---	-----	---	---	---
12th	---	---	---	---	---	---	-----	---	---	---
13th	---	---	---	---	---	---	-----	---	---	---
14th	---	---	---	---	---	---	-----	---	---	---
15th	---	---	---	---	---	---	-----	---	---	---
16th	---	---	---	---	---	---	-----	---	---	---
17th	---	---	---	---	---	---	-----	---	---	---
18th	---	---	---	---	---	---	-----	---	---	---
19th	---	---	---	---	---	---	-----	---	---	---
20th	---	---	---	---	---	---	-----	---	---	---
21st	---	---	---	---	---	---	-----	---	---	---
22nd	---	---	---	---	---	---	-----	---	---	---
23rd	---	---	---	---	---	---	-----	---	---	---
24th	---	---	---	---	---	---	-----	---	---	---
25th	---	---	---	---	---	---	-----	---	---	---

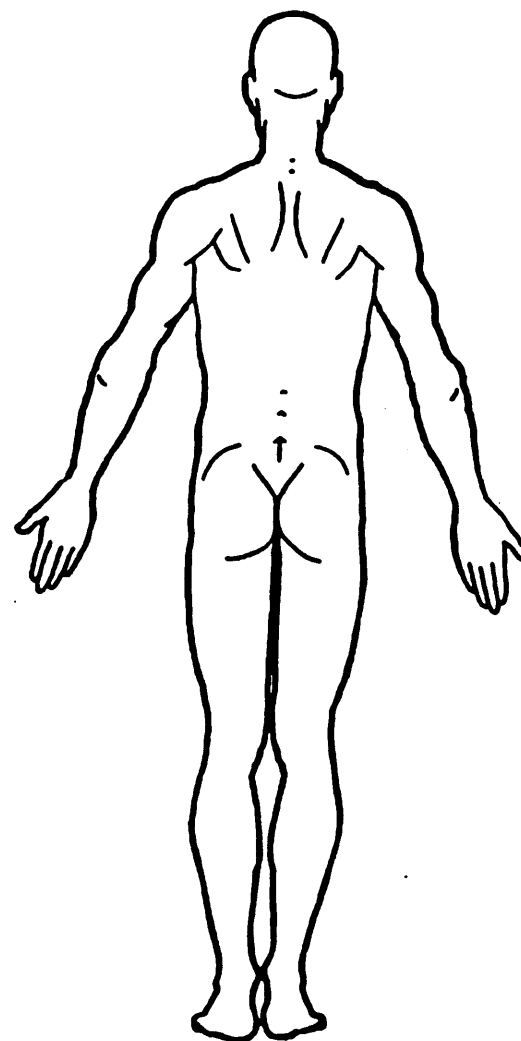
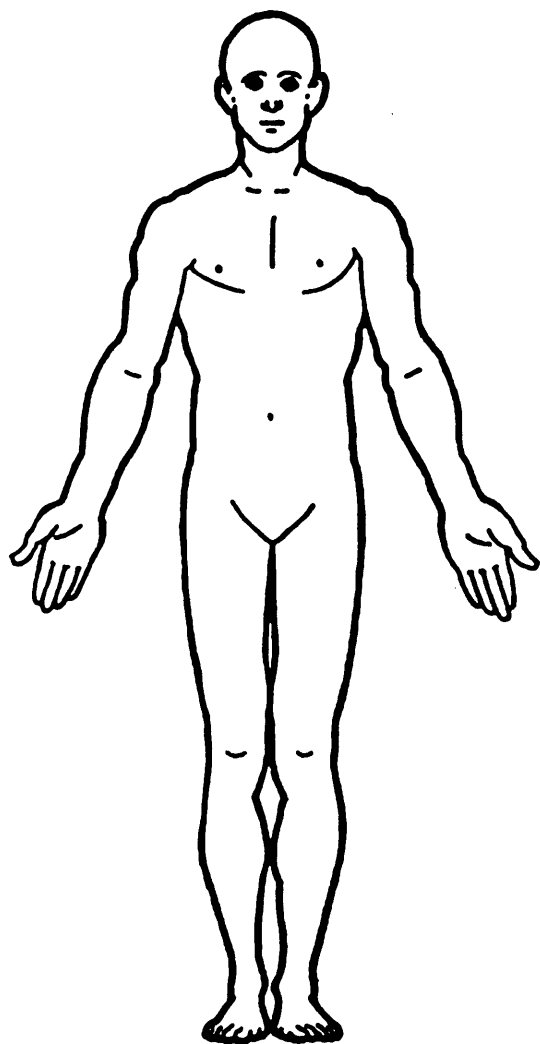
OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

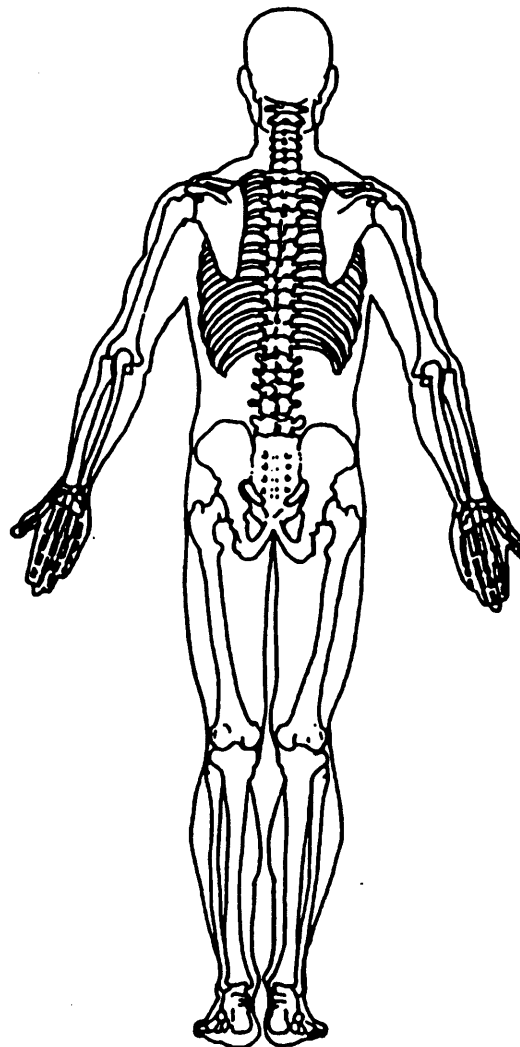
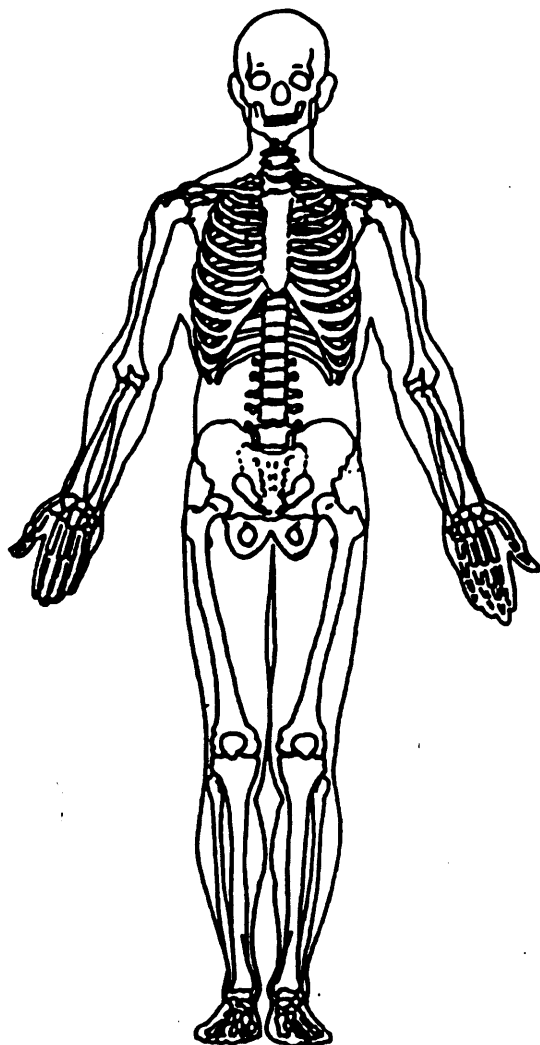
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OK

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify):
- (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):

(454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

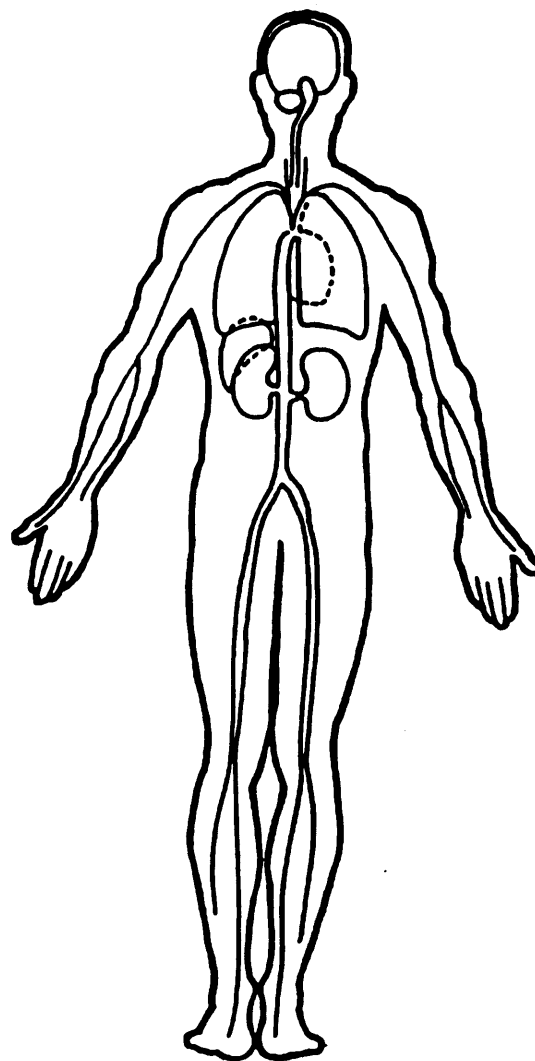
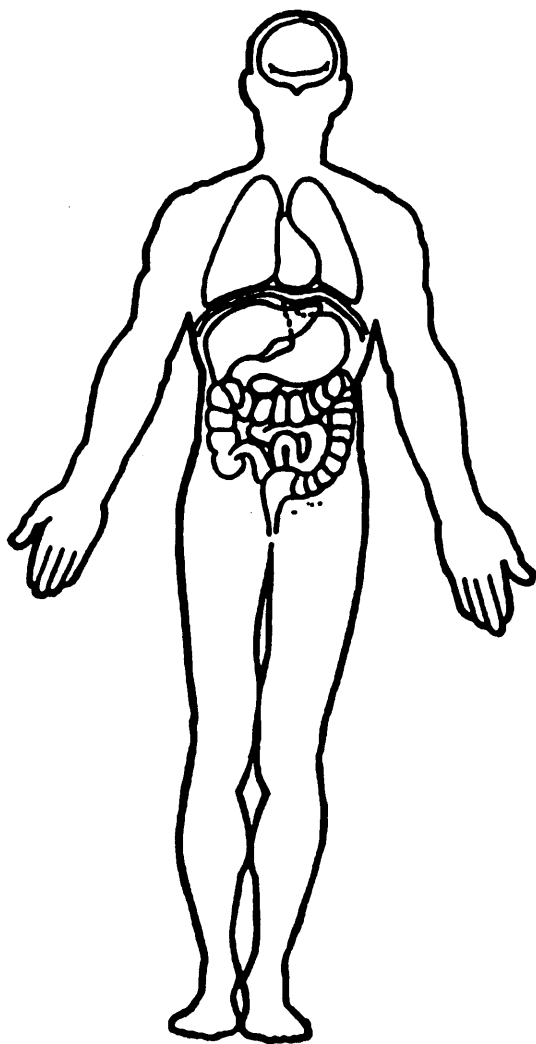
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Appendix O:

NASS CDS OCCUPANT ASSESSMENT FORM:

VEHICLE #2 RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

67 inches X 2.54 = 170¹⁸ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

140 pounds X .4536 = 63⁵ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

- | | |
|--|---|
| <p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p> <p>19. Manual (Active) Belt System Use <u>04</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p> <p>21. Manual (Active) Belt Failure Modes <u>1</u></p> <p>During Accident</p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p> | <p>22. Shoulder Belt Upper Anchorage Adjustment <u>1</u></p> <p>(0) No shoulder belt</p> <p>(1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes <u>0</u></p> <p>During Accident</p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p> |
|--|---|

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
☒ Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag

Deployment Impact - 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 00

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

- (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 06

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 3

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 14

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

Slightly reclined prior to impact

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

Completely reclined prior to impact

(31) Retained pre-impact position

(32) Moved to rearward midrange position

(33) Moved to slightly rearward position

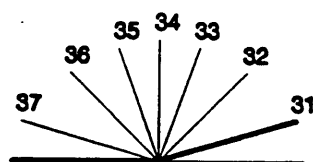
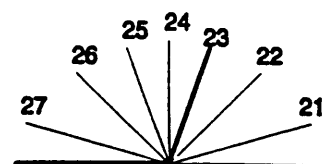
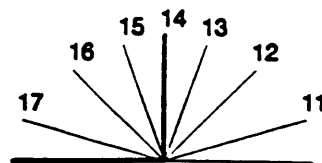
(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed (specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost00

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death 00
 ____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 ____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 02
 ____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used

Appendix P:

NASS CDS OCCUPANT INJURY FORM:

VEHICLE #2 RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9521

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Contusion bridge of nose 1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>4</u>	12. <u>160</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
Laceration on bridge of nose 2nd	16. <u>7</u>	17. <u>2</u>	18. <u>9</u>	19. <u>06</u>	20. <u>00</u>	21. <u>1</u>	22. <u>4</u>	23. <u>160</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

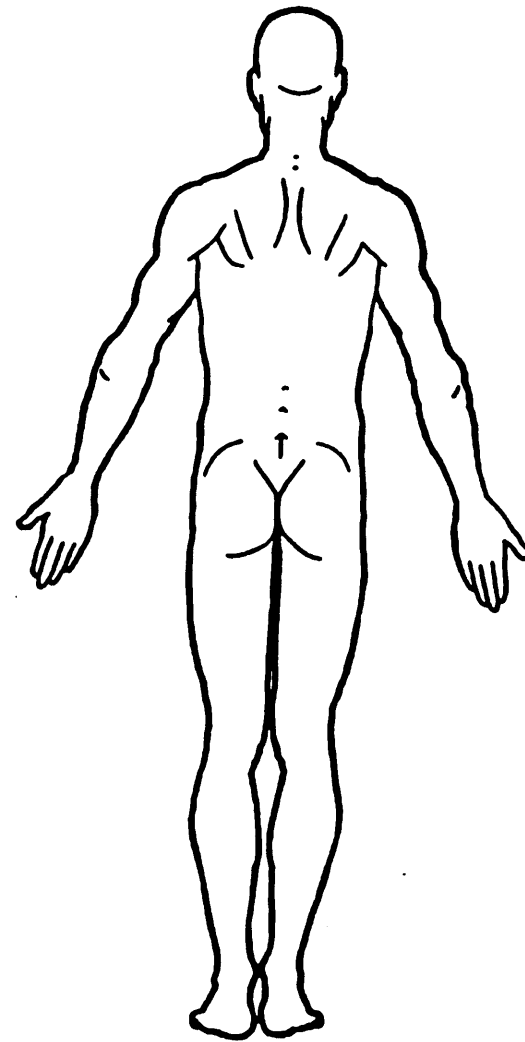
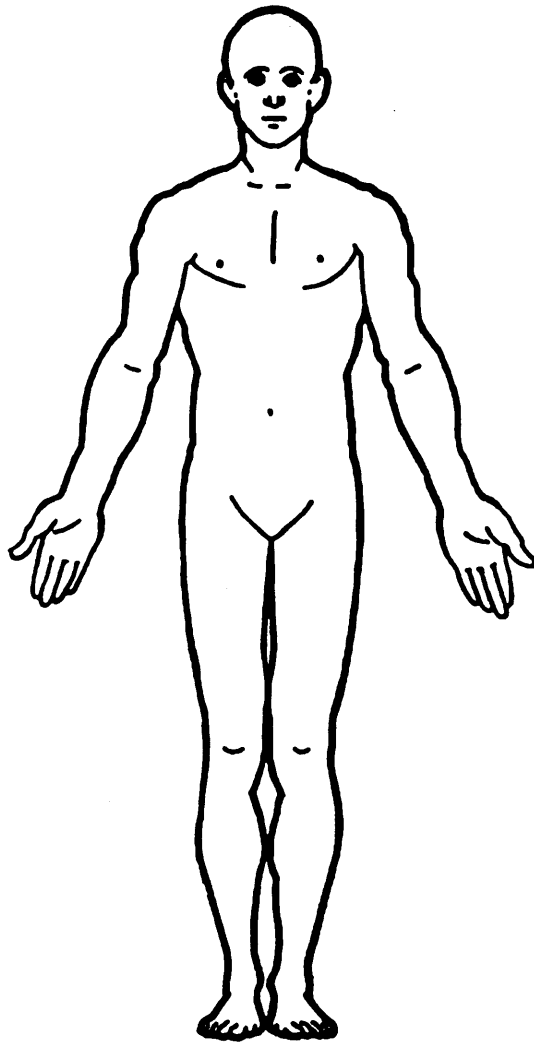
Source of Injury Data	A.I.S. - 90				Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure								
11th	—	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—	—

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY	
<u>OFFICIAL RECORDS</u>			
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury	
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury	
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury	
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify): _____			
(9) Police			

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

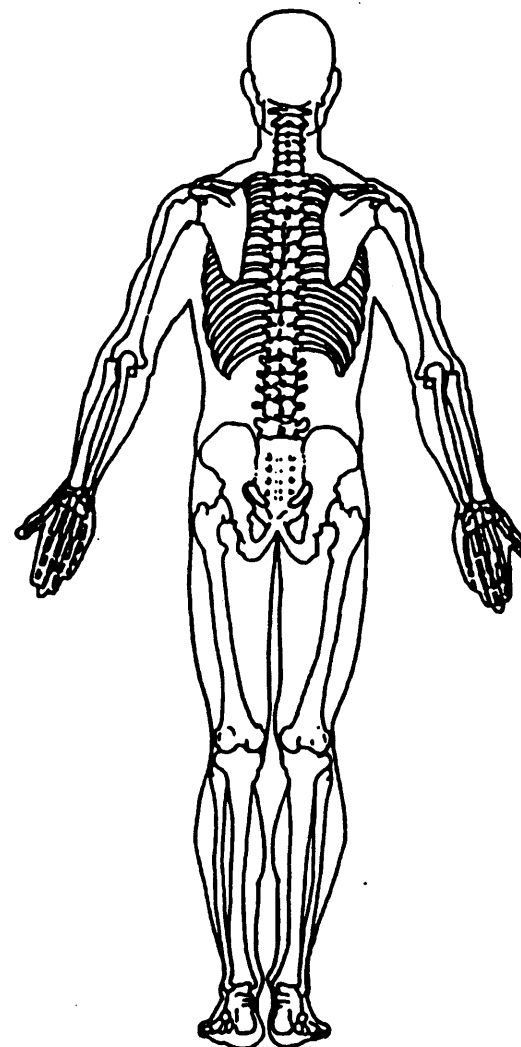
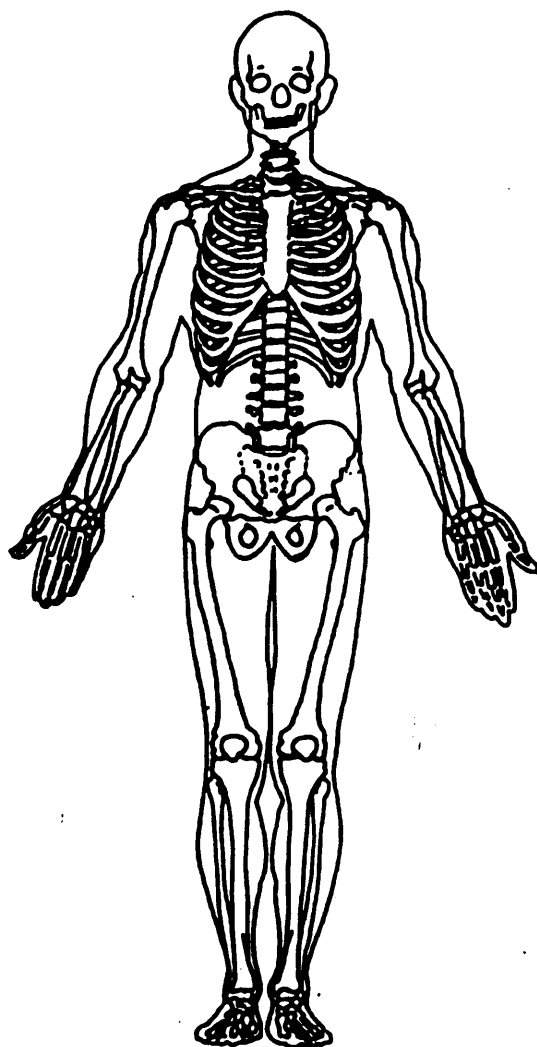
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify): Driver
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):

- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):

- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

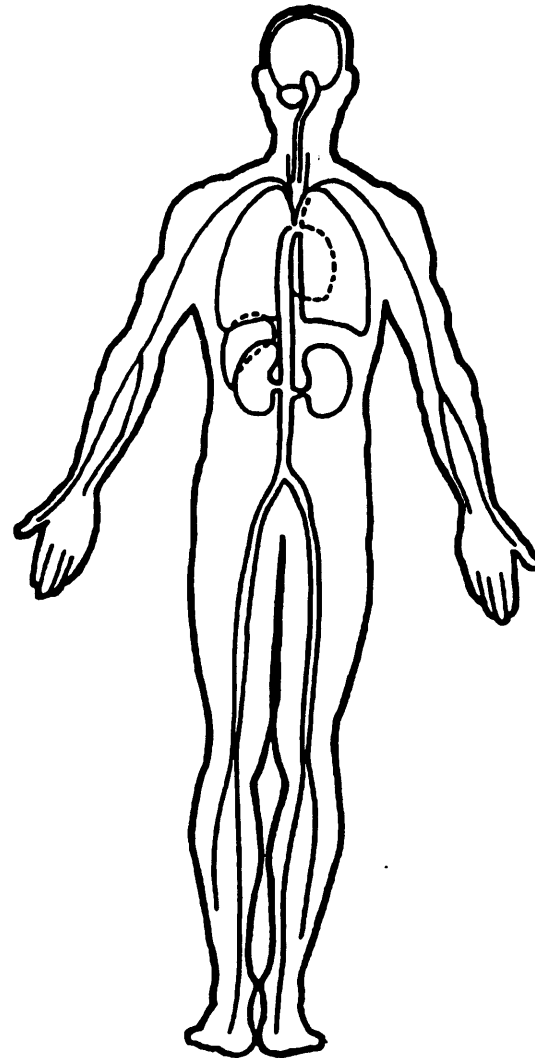
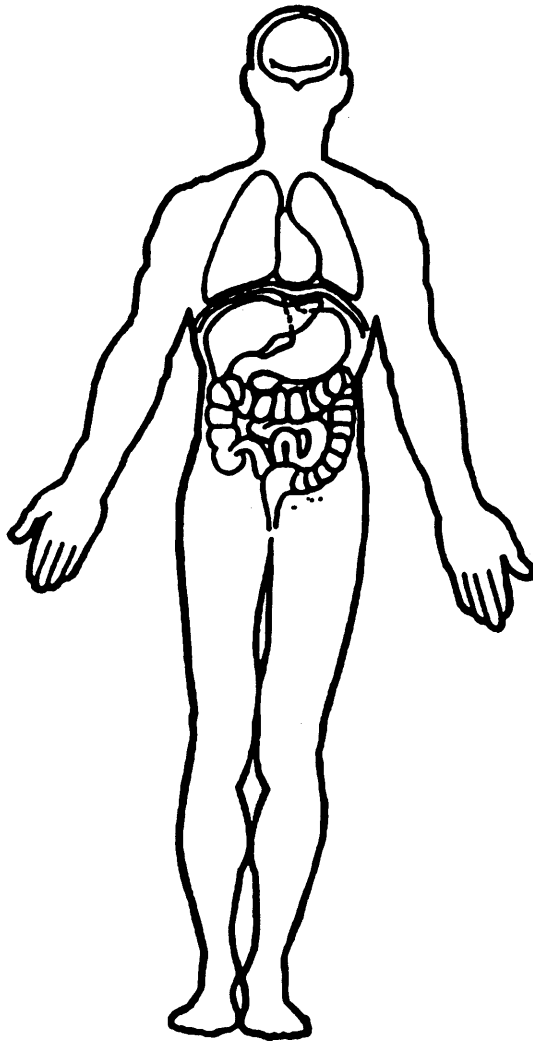
- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

ON-SITE AIR BAG INVESTIGATION

SELECTED PHOTOGRAPHS

CASE NO. - 95-21

FLEET - LEASED VEHICLE

LOCATION - [REDACTED], WISCONSIN

ACCIDENT DATE - [REDACTED] 1995

A total of seventy-six color copies of photographs are presented and referenced as Photograph #01 through Photograph #76. All of these photographs were taken by the Transportation Research Center.

[REDACTED] 1996

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590



01 -- Case Vehicle's northward travel path in northbound lane approximately 50 meters (164 feet) south of impact



02 -- Case vehicle's northward travel path in northbound lane approximately 30 meters (98 feet) south of impact



03 -- Case Vehicle's northward travel path in northbound lane approximately 20 meters (66 feet) south of impact



04 -- Case Vehicle's northward travel path in northbound lane approximately 5 meters (16 feet) south of impact



05 -- Southward view of Case Vehicle's northward travel path in the northbound lane, north of impact area in intersection



06 -- Vehicle #2's westward travel path in westbound lane approximately 50 meters (164 feet) east of impact



07 -- Vehicle #2's westward travel path in westbound lane approximately 30 meters (98 feet) east of impact



08 -- Vehicle #2's westward travel path in westbound lane approximately 20 meters (66 feet) east of impact



09 -- Vehicle #2's westward travel path in westbound lane approximately 5 meters (16 feet) east of impact



10 -- Eastward view of Vehicle #2's westward travel path in the westbound lane, west of impact area in intersection



11 -- Case Vehicle's damaged front viewed from 30 degrees right of front; NOTE: vehicle in process of being repaired



12 -- Case Vehicle's damaged front viewed from 30 degrees left of front; NOTE: damage primarily to front left corner



13 -- Damage to Case vehicle's removed hood viewed from front showing that direct damage is primarily to left half; NOTE: photo is sideways



14 -- Damage to Case Vehicle's removed front bumper from left; NOTE: direct damage starts at left corner and goes three-fourths of the way to right corner



15 -- Damage to Case Vehicle's removed front bumper from center showing primary area of direct damage to left half of bumper (cells D4--H6)



16 -- Damage to Case Vehicle's removed front bumper from right showing that right bumper corner has no direct damage; NOTE: photo is sideways



17 -- Case Vehicle's removed bumper reinforcement bar showing that direct damage is primarily to left half (cells D4--H5); NOTE: photo is sideways



18 -- Case Vehicle's damaged left quarter panel from left front showing minimal sideslap crush from impact with Vehicle #2's left front bumper corner



19 -- Close-up of sideslap damage to Case Vehicle's left quarter panel from left;
NOTE: white cross represents body shops markings



20 -- Case Vehicle's damaged left quarter panel from left rear



21 -- Case Vehicle's undamaged back plane



22 -- Case Vehicle's undamaged right side viewed from approximately 45 degrees right of back



23 -- Case Vehicle's driver seating area viewed from left showing dash, steering wheel, and removed air bag module; NOTE: deployed right front air bag



24 -- Case Vehicle's noncontacted dash and knee bolster; NOTE: contact (green dot) to right underside of steering column (cell G4)



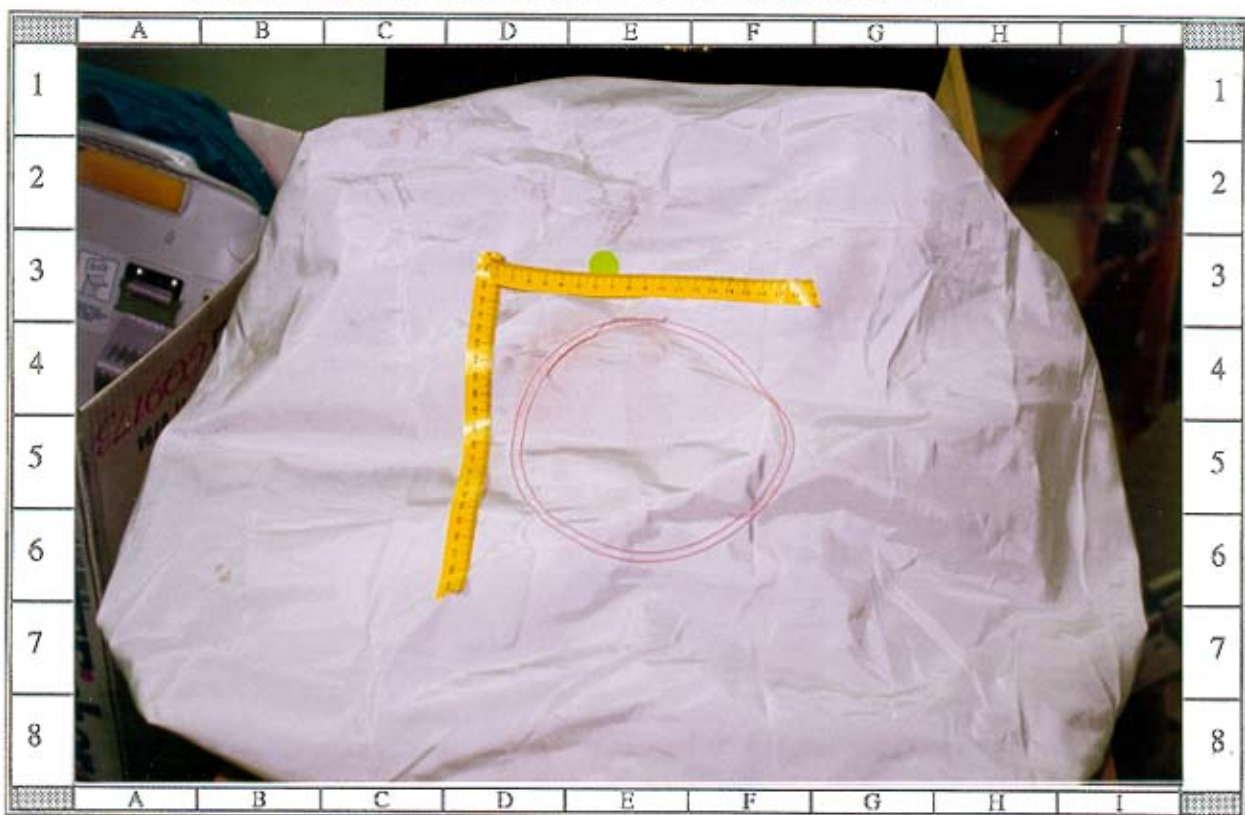
25 -- Case Vehicle's driver seating area, steering column, left and center dash and center console viewed from right rear; NOTE: removed driver's air bag



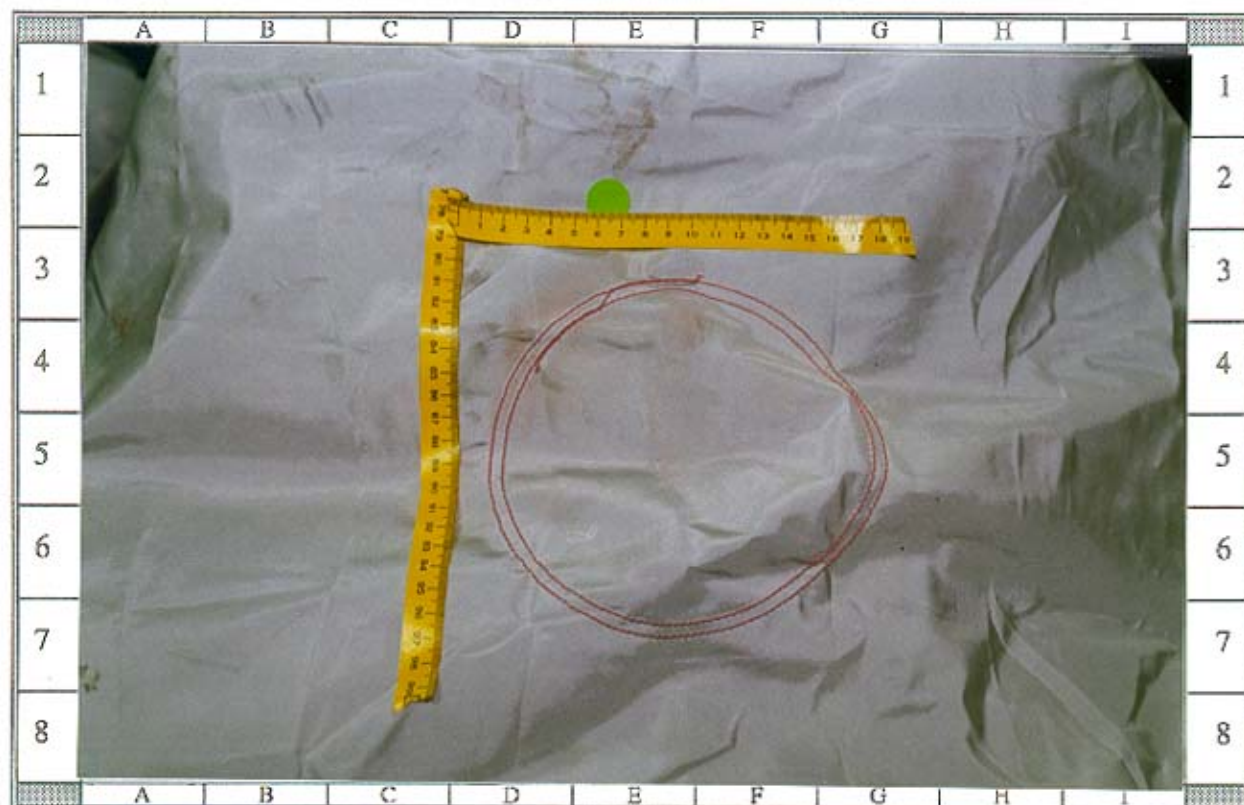
26 -- Case Vehicle's undeformed steering wheel rim; NOTE: no evidence of contact to driver's door or A-pillar



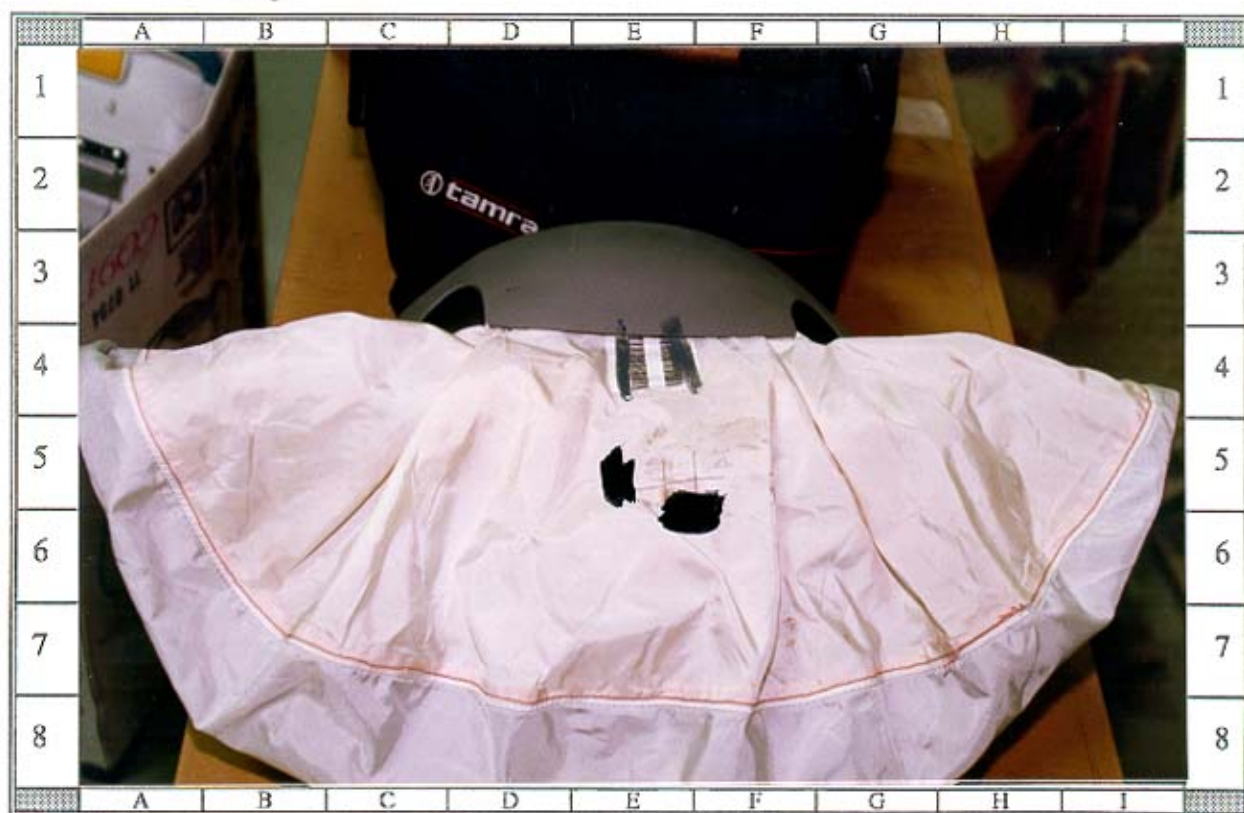
27 -- Case Vehicle's contacted (green dot) driver steering column and noncontacted knee bolster, transmission selector lever, and center console



28 -- Case Vehicle's removed driver air bag with makeup transfer from driver below and to the right of yellow tape (cells D4-E4)



29 -- Close-up of makeup transfer (cells D3--E4) to Case Vehicle's removed driver air bag



30 -- Case Vehicle's removed driver air bag and top cover flap; NOTE: no evidence of contact found



31 -- Backside of Case Vehicle's removed driver air bag and bottom cover flap;
NOTE: no evidence of contact found



32 -- Case Vehicle's center dash and console area, windshield, rear view mirror,
and roof console; NOTE: contact evidence to windshield



33 -- Case Vehicle's right windshield and windshield mounted rearview mirror showing evidence of contact; NOTE: contacts not occupant related



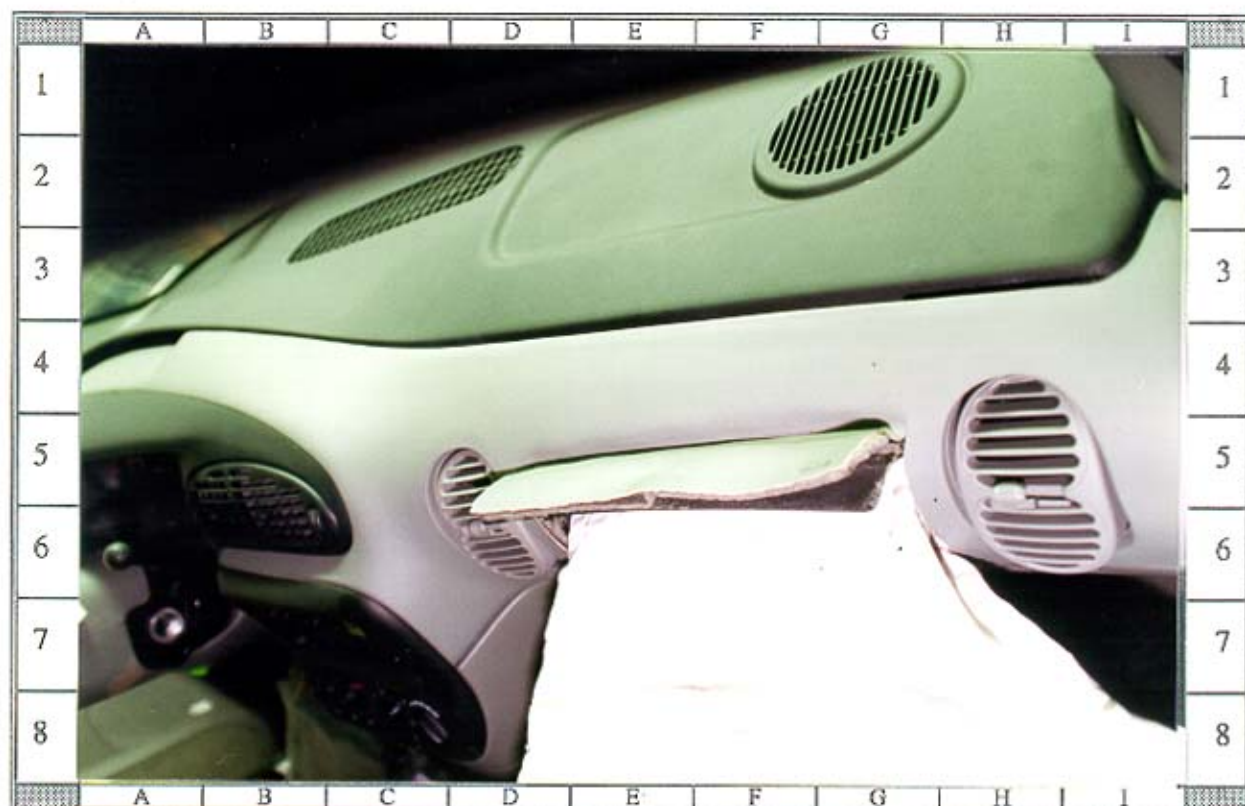
34 -- Close-up of contact (scratch mark) to right windshield most likely from broken piece of child seat; see photograph #52



37 -- Case Vehicle's right front seating area and center console showing deployed right front air bag; NOTE: no evidence of contact found



38 -- Close-up of Case Vehicle's deployed right front air bag showing black scuff (cell E4) which most likely came from bottom cover flap during deployment



39 -- Case Vehicle's right dash and top cover flap from right front air bag; NOTE: no evidence of contact found



40 -- Case Vehicle's glovebox and bottom cover flap from right front air bag; NOTE: no evidence of contact found



41 -- Case Vehicle's front right seating area with child seat in original position showing close proximity to deployed right front air bag from left



42 -- Case Vehicle's front right seating area with child seat in original position showing close proximity of deployed right front air bag from right



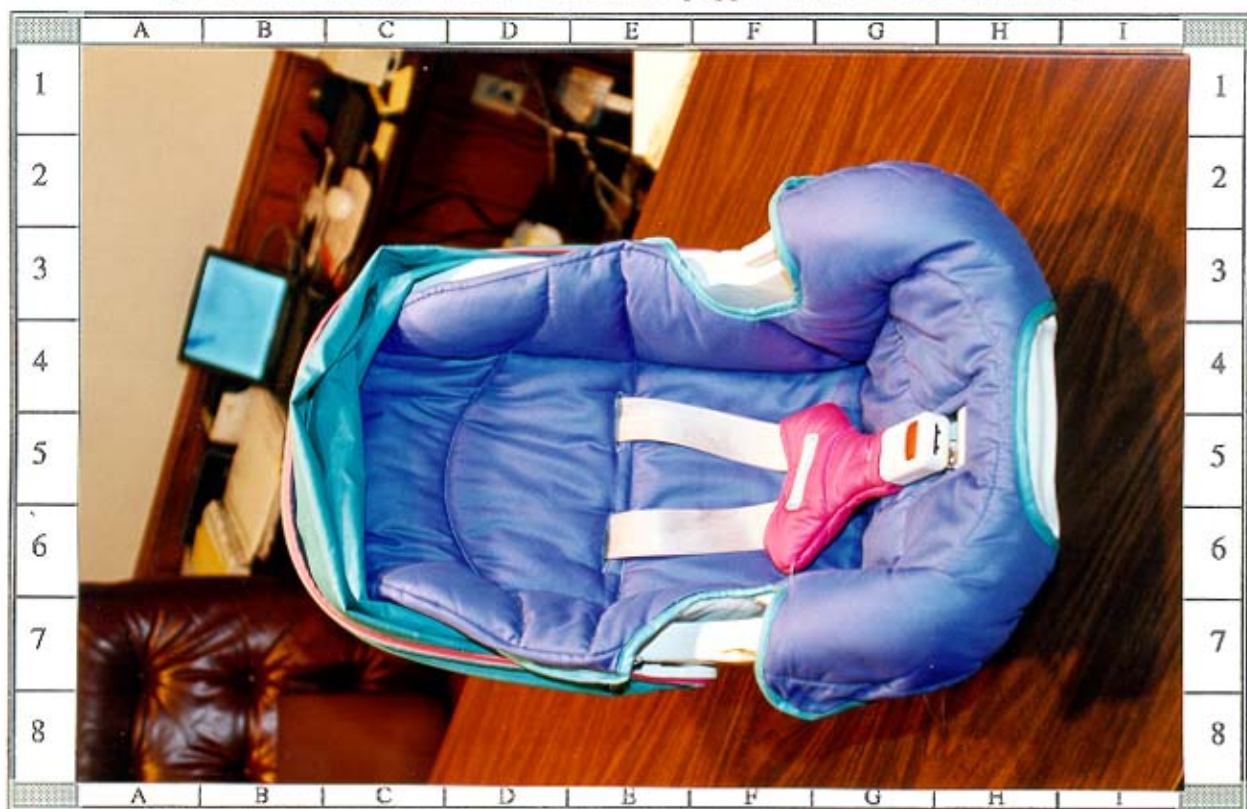
43 -- Case Vehicle's right front seating area showing deployed air bag extended rearward onto child seat from left; NOTE: broken child seat (cell E4--E5)



44 -- Case Vehicle's front right seating area showing deployed air bag extended rearward onto child seat viewed from outside right front door



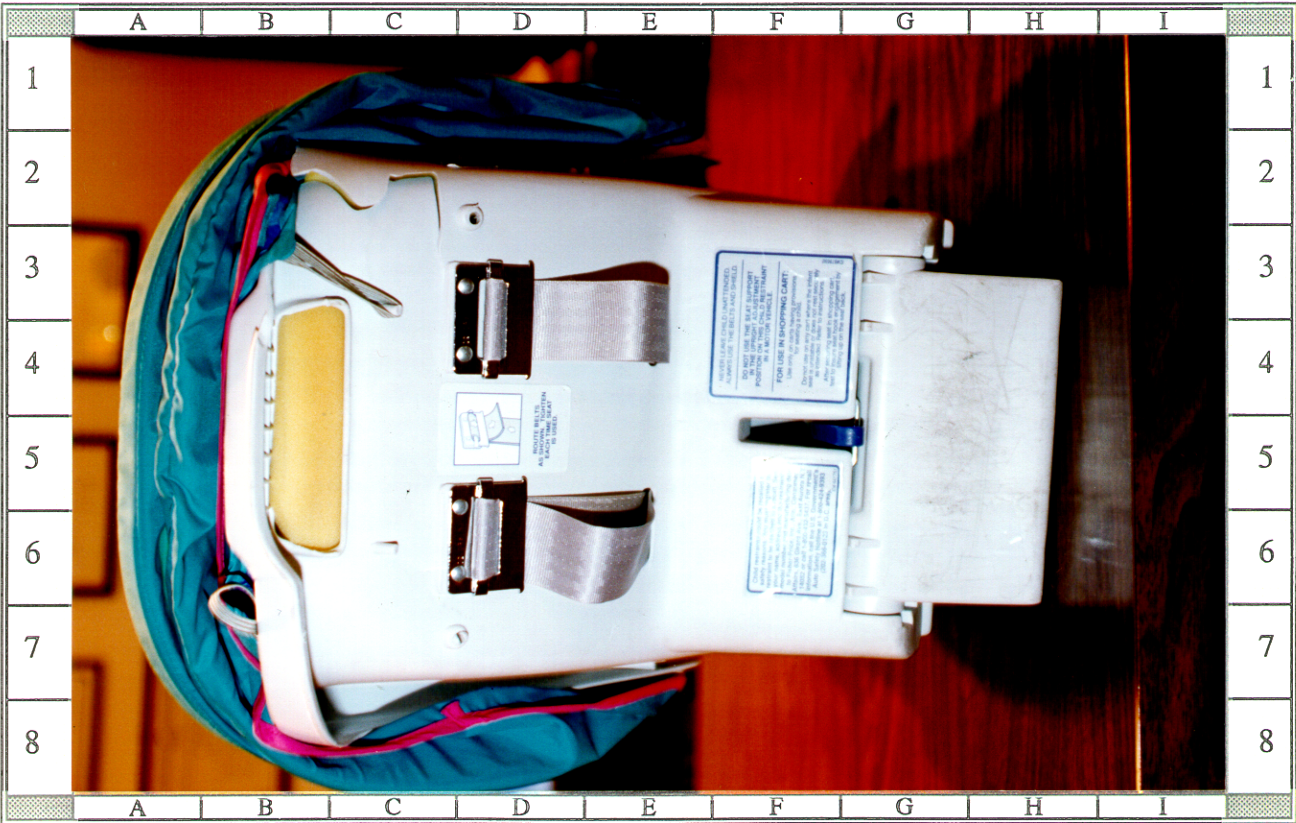
45: Overhead right view of Case Vehicle's child seat in it's original position with 3-point belt buckled; NOTE: child seat equipped with harness and shield



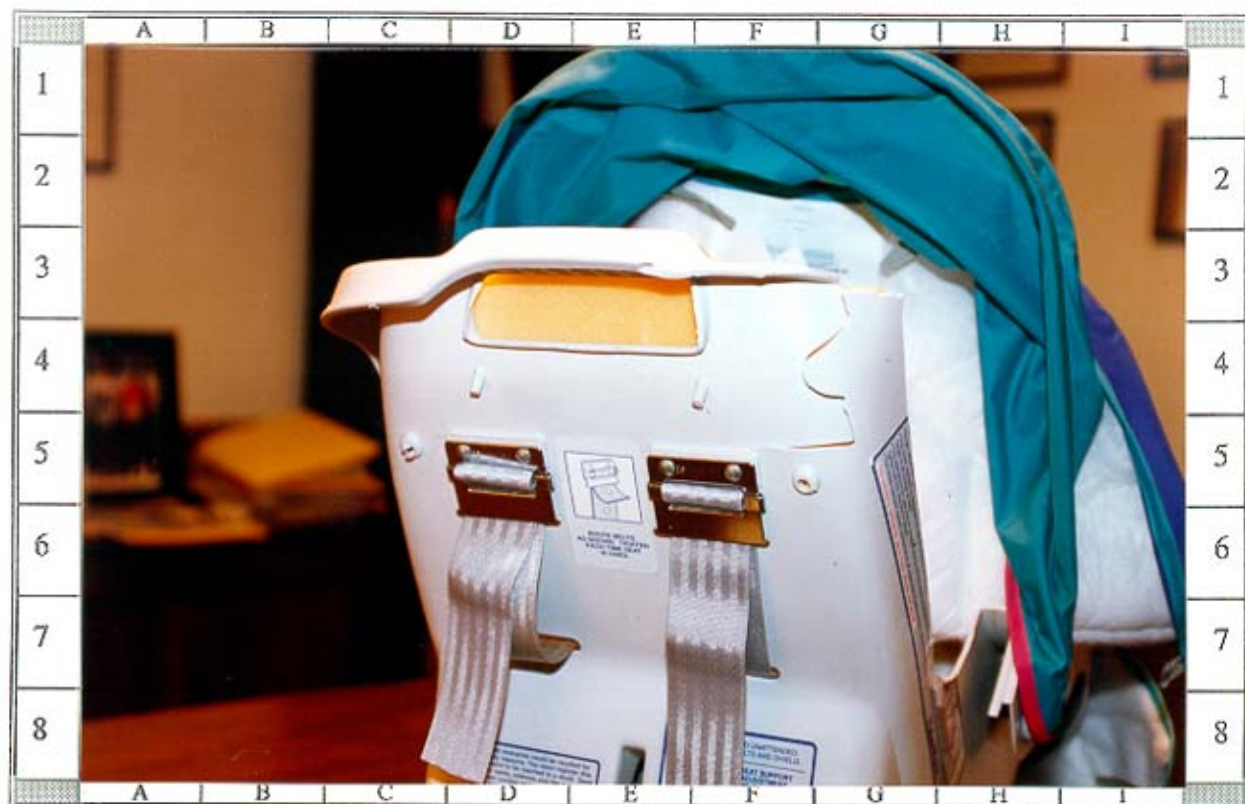
46: Frontal view of Case Vehicle's removed Fisher-Price child safety seat used in crash; NOTE: seat equipped with harness and shield



47: Undamaged left side of Case Vehicle's removed Fisher-Price child safety seat used in crash; NOTE: during crash this side was next to right front door



48: Rear view of Case Vehicle's removed Fisher-Price child safety seat used in crash; NOTE: plastic broken in upper right rear corner of seat (cells B2--C2)



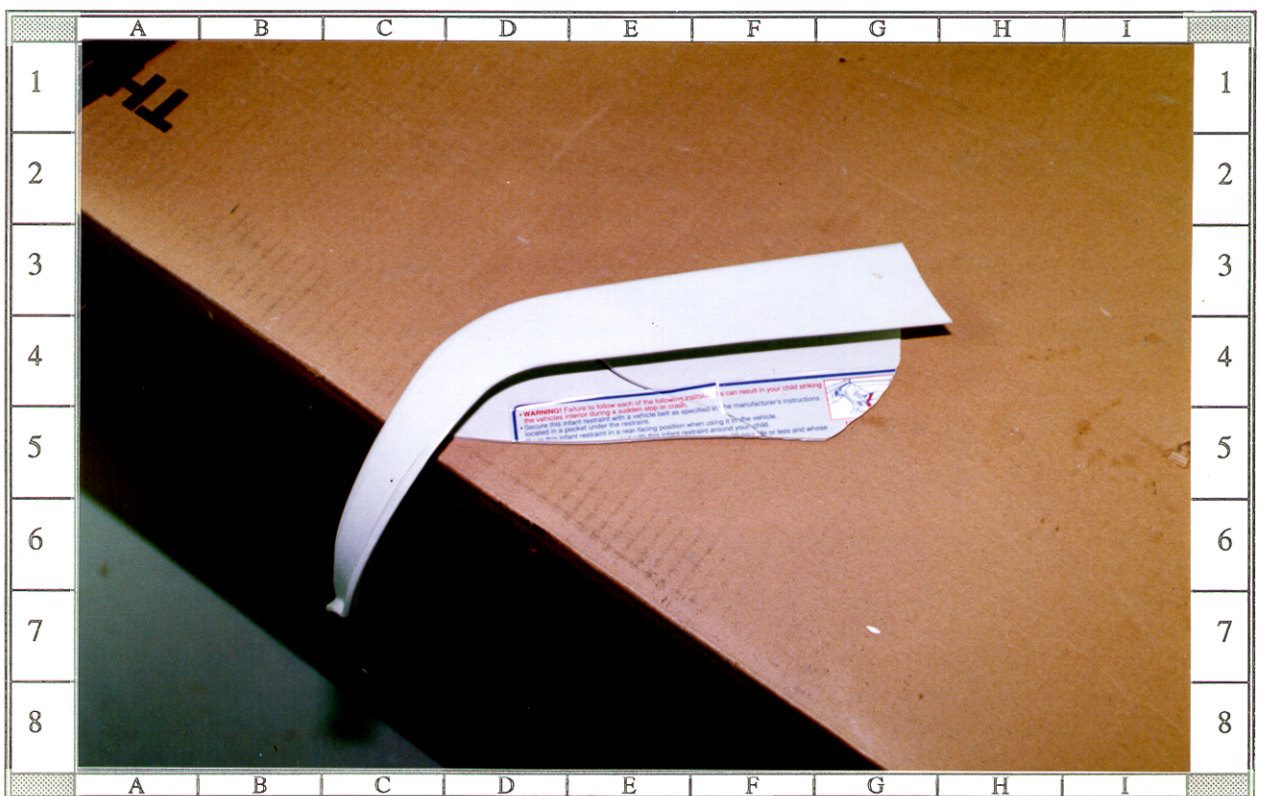
49: Rear right view of cracked and broken area of Case Vehicle's removed Fisher-Price child safety seat used by right front occupant in crash



50: Case Vehicle's removed Fisher-Price child safety seat showing a broken piece of seat held near its original place viewed from ~ 45 degrees right of rear



51: Right overhead view of broken and cracked area on Case Vehicle's removed Fisher-Price child safety seat used in crash by right front occupant



52: Broken plastic from Case Vehicle's removed Fisher-Price child safety seat;
NOTE: piece shown in Photo #50 above is included here (cells C4--F5)



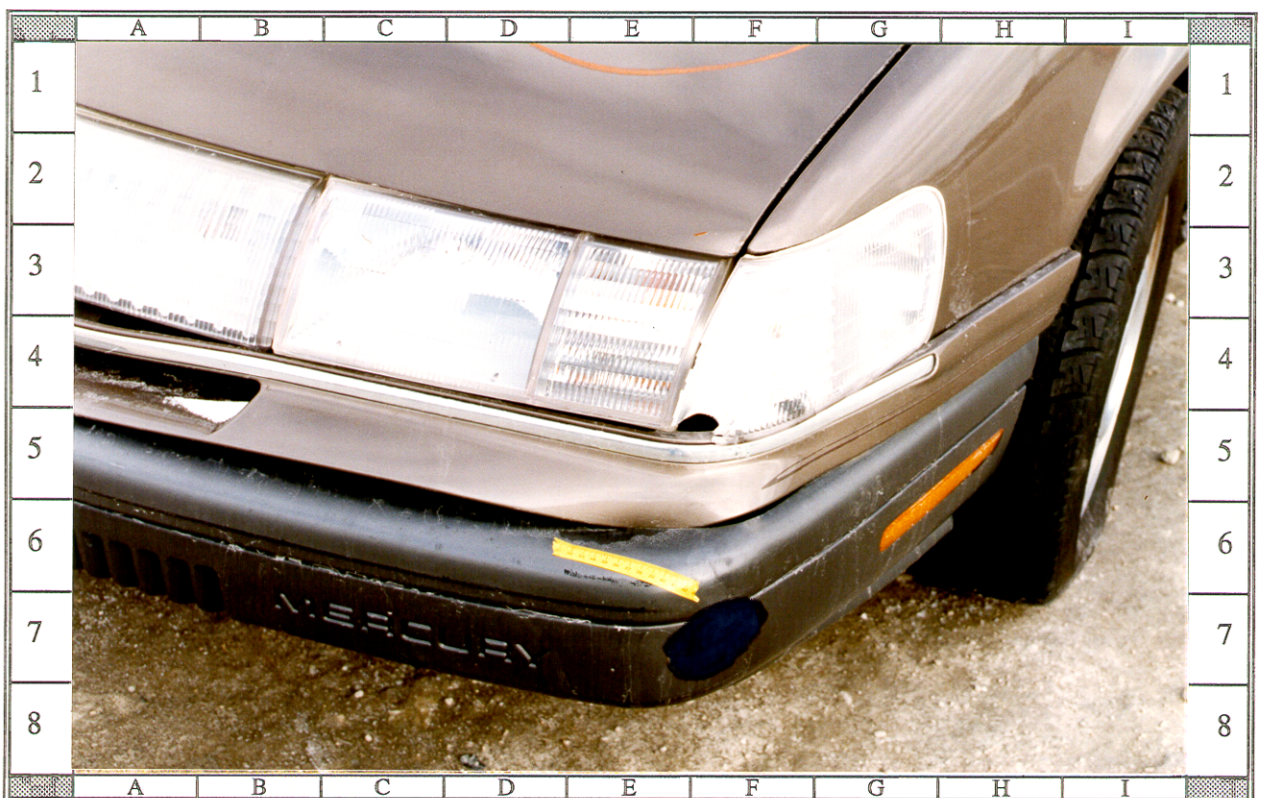
53 -- Case Vehicle's second seating area; NOTE: adjustable head restraints and shoulder belt anchorage (on C-pillar) and open left rear door



54 -- Case Vehicle's third seating area; NOTE: adjustable head restraints and available three-point seatbelts at outboard positions



55 -- Frontal view of Vehicle #2 showing induced damage to grille, left front bumper corner, and left headlight (yellow tape area)



56 -- Front left close-up of Vehicle #2's direct and induced damage to left front bumper corner and headlight area which occurred during sideslap (2nd event)



57 -- Close-up from left of Vehicle #2's direct and induced damage to left front bumper corner and headlight area which occurred during sideslap (2nd event)



58 -- Vehicle #2 viewed from ~45 degrees left of front showing sideslap damage to left front bumper corner and initial contact damage to left rear



59 -- Vehicle #2's left side damage viewed from ~30 degrees left of front showing direct and induced damage to left rear door and left quarter panel



60 -- Vehicle #2's left side damage viewed from ~45 degrees left of front showing direct and induced damage to left rear door and left quarter panel



61 -- Vehicle #2's direct left side damage viewed from left showing damage to left rear door and quarter panel; NOTE: disintegrated left rear window



62 -- Vehicle #2's direct left side damage viewed from ~ 60 degrees left of back showing damage to left rear door and left quarter panel



63 -- Vehicle #2's left side damage viewed from ~20 degrees left of back showing direct and induced damage to left rear door and left quarter panel



64 -- Overhead back reference line view of Vehicle #2's left side damage; NOTE: intrusion through left rear passenger door



65 -- Vehicle #2's back plane showing minor induced damage to left rear bumper corner and trunk lid



66 -- Vehicle #2's back and right sides viewed from ~30 degrees right of back showing induced damage to trunk lid and undamaged right side



67 -- Vehicle #2's front and right side viewed from ~45 degrees right of front showing undamaged right side and induced damage to front grille and bumper



68 -- Vehicle #2's frontal damage viewed from ~75 degrees right of front showing induced damage to center of grille (cells E5--F5)



69 -- Vehicle #2's driver seating area showing interior door surface, steering wheel, and dash; NOTE: no evidence of contact to door surface, wheel, or dash



70 -- Close-up of interior surface of Vehicle #2's driver door showing no evidence of contact



71 -- Close-up of Vehicle #2's steering wheel and column, instrument panel, and left lower dash showing no contact evidence



72 -- Vehicle #2's driver seating area viewed from rear center position showing no evidence of contact



73 -- Vehicle #2's center and right dash, windshield, rear view mirror, and right A-pillar viewed from rear center position showing no evidence of contact



74 -- Vehicle #2's dash, front seating area, and left A-pillar and B-pillars showing no evidence of contact



75 -- Vehicle #2's left rear door showing intrusion from impact with Case Vehicle;
NOTE: adjustable front head restraints and fixed B-pillar anchorages



76 -- Vehicle #2's left rear seating area showing seat intrusion from left rear door;
NOTE: fixed rear head restraints and 3-point belts at outboard positions